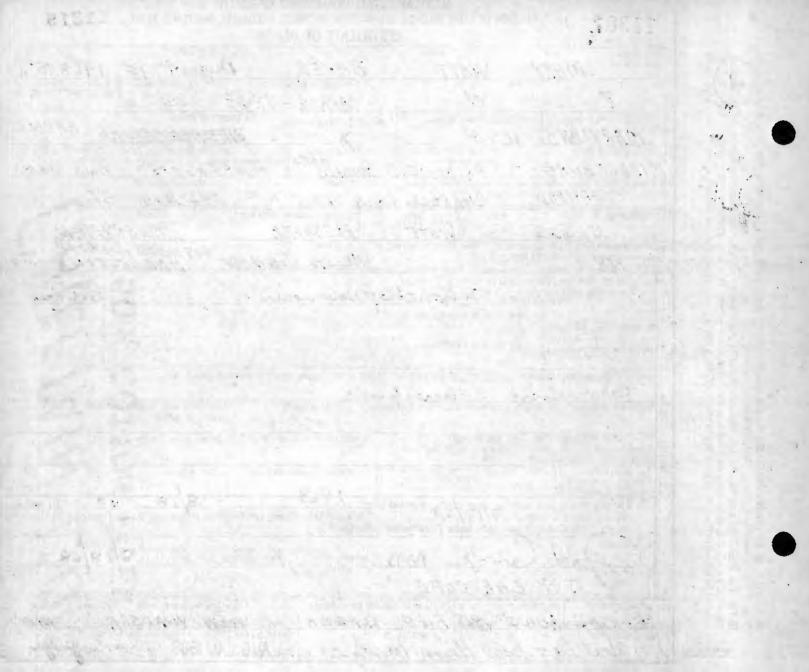
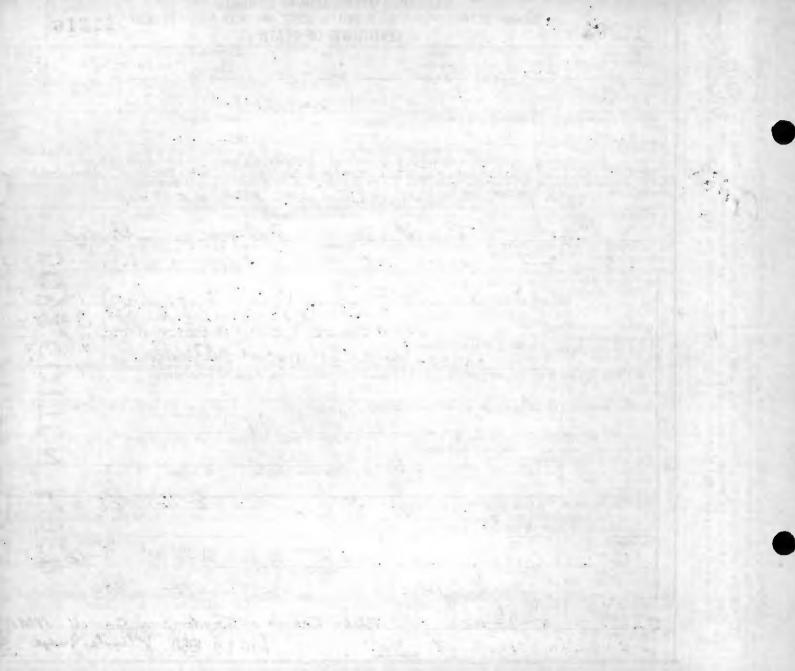
#1821 ***		6.173.000			
17. 1903 pt	port.	3001	era dysúdai	Dr. etemp	
	OVER O	design			
Liver					Design 1
	of sylen two	SUBSECTION OF			Diversity
12.		casin as	Harry	-	
statut erri	And And		proposition,	- 11 t 11 t	L.
(material fig.					
Larry Harris					
			in Edition (		
A STATE OF					
e com		<i>n</i> .			
and the last					
Straight Aller					
LaT Lierzan _ or	often d	restrict tree	And , area.	(S +5%)	LEPHE!
LOWER B	21 (DV 3H)	, or year	majini moji Iko	10 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	- 202027

					MARYLA	ND STATE DEPARTMENT OF H	IEALTH	
7 -	1			11307	DIVISION OF VITAL RECORDS	, 301 W. PRESTON STREET, BALTI	MORE, MARYLAND 21201	11315
-			•	TINGS		CERTIFICATE OF DEATH		
	1 72 -		1. DE	CEASED-NAME First	Middle	Lost	20. DATE OF DEATH	2b. HOUR
4	2 8 8		(T)	pe or print) MAD	V WATT	RAKER	Augusta 18	Py 1468 8 20 HOUR
-			3. SE)	1-1-11	4. RACE	S. DATE OF BIRTH	6. AGE (In years	IF UNDER 1 YEAR   IF UNDER 24 HRS.
3			J. 3L/	F	W	APR 2 - 18	69 lost birthdoy) YRS	MONTHS DAYS HOURS MIN
	in by hers. Pag		7o. B	IRTHPLACE (State or foreign	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED DIVORCED DIVORCED	9. COUNTY OF DEATH	CARROLL
- 5	led pope		10. CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR	NSTITUTION (If not in hospital 120. USUA	L OCCUPATION (Kind of work done	12b. KIND OF BUSINESS OR
1	ety fill	90	1	MODLEBURG	give street oddress) BROOKFIE	LD NURSING during my	ost of working life, even if retired.)	OWN HOME
	ond completely filled in by tremove carbon papers. Pogin any event, within 72 hours	06	13o. I odmis		sed lived, if institution: Residence before 13b. COUNTY ARROLL		MITS? 13e. STREET AND NUMBER	ST.
1	300	1	14. E	ATHER'S NAME First	Middle Lost	15. MOTHER'S MAIDEN NAME F	irst Middle	Lost
( }		1		JAME:		FIFANARA	MER	RYMAN
1	C/XT		160.	WAS DECEASED EVER IN U.S. ARA		Y NO. 17. INFORMANT	Address.	BIVE
4	N 0-		Y	es, no, or unknown) (If yes give v	war or dates of service)	HELEN BOWM	AN 908 HAMILY	STOWN MI
3	equies nat ne aeain cerni physician. signed by the ottending phy burial-transit permit. Then burial, cremation, or removo			18. CAUSE OF DEATH (Enter on	nly one couse per line for (a), (b), and (	c).)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
1	it.			PART I. DEATH WAS CAUSE	D BY: ATE CAUSE (0) + RONC	nop Neumania		One day
-	ottendi permit. ion, or r	1		485 X	DUE TO, OR AS A CONSEQUENCE O	F.		
-	the sit p	$\vee$		Conditions, if any, which gave	(1-)			
1	n. n. yy t			rise to immediate couse (o), stating the underlying couse(	DUE TO, OR AS A CONSEQUENCE C	F .		
-	icia icia			lost. 49/x	(c)			
,	equires that the physician. signed by the burial-tronsit purial trematic			PART 2. OTHER SIGNIFICANT CO		NOT RELATED TO THE TERMINAL DISEASE OR C	ONDITION GIVEN IN PART 1(o)	
	e bring of the bri			Cremen. O.	ind athoroso		•	
-	tending tending s been as the prior to		TION	190. DATE OF OPERATION 19b.	CONDITION FOR WHICH OPERATION WAS		20b. IF YES, WERE FINDINGS	CONSIDERED IN CERTIFYING
-	An: the law re all or ottending icate has been for use as the Heolth prior to	Y	CERTIFICATION			YES NO	CAUSES OF DEATH?	
F	An: the	0	CERT	210. ACCIDENT WAS UNDERLYIN	NG 216. TIME OF INJURY		noture of injury in Part 1 or Part 2	Item 18 \
MAINISAMA	by the hospital or ottending physician. By the hospital or ottending physician. Sier this certificate has been signed by the detached for use as the burial-troistre Dept. of Health prior to burial, cre			OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. Month Day Yes	or	notore or injusy in fair t or for 2	, 110111 10.7
5	spit ertif red		MEDICAL	(If either, notify medical exami	DIACE OF INJURY AND HOME FARM STREET	19 SECTION STREET OF P.E.D. NO.	City or Town	County State
3	by the hospi (fter this cert) be detached State Dept. o			While Not while of work	OFFICE BUILDING, ETC.	FACTORY.) 21f. LOCATION Street or R.F.D. No.	City of Town	COUNTY
3	2 # t 8 #			of work of work	:- b	1913	to 10/14 1	10 may 11 /may 15
=	After be Stat		Ш	saw the deceased of	nis haspital) artended the deced	19, and that in (my) (ear) opi	nion death accurred on the	9 <u>47 37</u> , that (I) (444e) do
	be retoined by the retoined by the retoined by the DIRECTOR: After ge 3 should be a led with the State			causes stated above	e, (I) (we) (did) (did not) view th	e body after death.	mon deam accorded on me c	TOTO ONG HOOF ONG HOMEN
	를 당하는 다음 등 A			22b. SIGNATURE	0			DATE SIGNITO
- 5	ed y ed y			( Ast.	(ancole M	DEGREE PHYS.	STAFF PHYS.	1/18/48
	L D by b			22d. PHYSICIAN'S		22e. ADDRESS		
<u> </u>	E E E	1		NAME (Type) J /	CARICOFE			
2	Poge 4 may be or FUNERAL DIR director, page 3 should be filed		230.		DATE 23c. NAME C	F CEMETERY OR CREMATORY	23d. LOCATION (City or Town)	(County) (Stote)
-	20 P :			SEMOVAL (Specify) 4	11-21-1968 PIPE		NEW WINDSO	
•			24./	EUNERAL DIRECTOR	ADDRE	SS 2So. REC'D B	Y REGISTRAR 25b. REGISTRAR	'S SIGNATURE_
	VR A15 (4 30M REV. V	20	1	1) Alastolius	T Same Harris	Chida e DATE AU	G 2 0 1968 XCC	corles Judge
		IN.	10	n mounte	-some your	succes -		



					EPARTMENT OF			
The second secon		11308	DIVISION OF VITAL RECOR		STON STREET, BAL	TIMORE, MARYLANI	D 21201 1131	6
death.		CEASED-NAME First	Middle	CERTIFICA	lost	20. DATE OF DEATH	nth 16 Doy 68Year	202 HOUS
ofter de	3. SE	70	4. RACE	S	DATE OF BIRTH	6. AGE	(In years IF UNDER I YEAR MONTHS DAYS	IF UNDER 24 HRS.
b the		BIRTHPLACE (Stote or foreign	76. CITIZEN OF WHAT COUNTRY?	8. MAPPIED	NEVER MARRIED	9. COUNTY OF DEATH	O YRS.	HOURS HAVE
24 ho ed in ppers.		anselco.	USA	WIDOWED 1	DIVORCED	carriel		M
r Executed within 24 hours and completely filled in bringenove carbon papers. Remove carbon papers. Reports on any event, within 72 hours	n	Try OR TOWN OF DEATH	11. NAME OF HOSPITAL O	28 ma	ST during n	IAL OCCUPATION (Kind of nost af working life, eve	in if retired) INDUSTRY	F BUSINESS OR
event,	130. admi	USUAL RESIDENCE (Where deceos	ed lived, if institution: Residence bef	ore 13c. CITY OR TO	OWN O 13d. INSIDE CITY	LIMITS? 138. STREET AND	NUMBER LI # 4	(
and and in any	14, 1	ATHER'S NAME First	Middle to:	15. 1	MOTHER'S MAIDEN NAME	First	Middle 80 · /	Lost
requires that the death certificate beging physician. It is a signed by the attending physician properties that the please to burial transit permit. Then please to burial, cremation, or remayal, and in		WAS DECEASED EVER IN U.S. ARM es, no, or unknown) (II yes give w	and the second	17, INF	ORMANT TO	often.	Address T	. t- 1-
th certification in the control in t	-	18. CAUSE OF DEATH (Enter on	ly one cause per line for (o), (b), one		1	-1-0	APPROX BETWEEN	IMATE INTERVAL ONJECT AND DEATH
that the death certion.  I by the attending plant of the strensit permit. Therefore, cremation, or remay		PART I. DEATH WAS CAUSED IMMEDIA	DUE TO, OR AS A CONSEQUENCE	A Fail	une a c	all lange	tue 1-	ker
that the d an. by the att transit per cremation,		Conditions, if any, which gove trise to immediate couse (o),	(b)	losea	e cle	coupe.	setion	ys +
equires that the death physician. signed by the attendi burial-transit permit. burial, crematian, or r		stoting the underlying couse last.	DUE TO, OR AS ACCONSEQUENCE	Mual	Tumas	enilax	basis "y	N?
required by the physical properties of the prope	2	PART 2. OTHER SIGNIFICANT CON	IDITIONS CONTRIBUTING TO DEATH BU	JT NOT RELATED TO T	HE TERMINAL DISEASE OR	CONDITION GIVEN IN PAR	T 1(o)	35
O HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital ar attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by directar, page 3 shauld be detached far use as the burial-transhould be filed with the State Dept. af Health priar to burial, createn.	CERTIFICATION	190, DATE OF OPERATION 195,	CONDITION FOR WHICH OPERATION WA	S PERFORMED	20a. AUTOPSY?	A CALICES OF DEAT	RE FINDINGS CONSIDERED IN ( TH?	ERTIFYING
rSician: The aspital or of certificate had for use hed for use of Health	ICAL CER	210. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE OF DEAT	H HOUR A.M. Month Doy Y	901	INJURY OCCURRED (Ent	r noture of injury in Port	t 1 or Port 2, Item 18.)	
by the haspir fler this certi be detached State Dept. at	MED	While Not while	PLACE OF INJURY (AT HOME, EARM, STREE OFFICE BUILDING, ETC.	T, FACTORY, 21f. LOCA	TION Street or R.F.D. N	o. City or Town	County	Stote
by the the be de State I		22a. I certify that (I) (thi	is haspital) attended the deco	ased from	-6- 196	3, to 8-10	d an the date and haur	1 (I) (we) la
OR ATTENDING be retained by the DIRECTOR: After ge 3 shauld be a led with the State		causes stated above	ive op (die) (did not) view	he bady after de	nat in (my) (aur) ap ath.	oinian death accurre		and from th
be rei be rei DIREC ge 3 s		will	un Spel	ROYGREE	PHYS.	MED. STAFF PHYS.	22x. DATE SIGNED	-68
O HOSPITAL OF Page 4 may be O FUNERAL DIR director, page 5 should be filed		22d. PHYSICIANS NAME (Type)	Glent Spe	cher	22e. ADDRESS	staniste.	- md	
Page O FUN direct shoul	230.	BURIAL, CREMATION, 23b. I REMOVAL (Specify)	DATE 23c. NAME 23c. NAME	OF CEMETERY OR CR	1	23d. LOCATION (City of	or Town) (County)	(Stote)
VR A15 (4) 30M REV. 1768	24.	FUNERAL DIRECTOR J. E Myers Jr.	Westminder			BY REGISTRAR 256.	REGISTRAR'S SIGNATURE	udge



TASE TO THE REPORT OF THE PARTY 200.00 ere ... This real state of the Touris Louis Annual Control of the C . Direction and the state of th deptined the property of the second of the s The County to the Second Secon able of the latter to the control of the latter to the AUG 7 AUG 7 AUG 1 AUG 1 AUG 1 AUG 7 AUG 7

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11318 11310 CERTIFICATE OF DEATH the funeral ages 1 and 2 after death. 1. DECEASED-NAME First Middle Lost 20. DATE OF DEATH 2b. HOUR executed within 24 hours after death. Month ]] Doy 1966 (Type or print) 7:00 Virginia Emma Boward 3. SEX 4 RACE S. DATE OF BIRTH 6. AGE (in years 1F UNDER 1 YEAR 1F UNDER 24 HRS. in by the last birthday) 5-25-1883 white female 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8. MARRIED NEVER MARRIED Maryland papers. hin 72.h Carroll U.S.A. DIVORCED [ WIDOWED T campletely filled in any event, within 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR Springfield State Hospital during most of working life, even if retired.) INDUSTRY Sykesville-Rural 130. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 113c, CITY OR TOWN 13d. INSIDE CITY LEMITS? 13e, STREET AND NUMBER 13K COUNTY YES NO. 8h2 Virginia Ave. Hagerstown Washington 14. FATHER'S NAME Middle Lost 15. MOTHER'S MAIDEN NAME First Lost De. Stouffer Jeanette Jones Clowes Paul signed by the attending physicial burial-transit permit. Then please burial, crematian, ar remaval, and 16b. SOCIAL SECURITY NO. 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Yes, no. or unknown) [If yes give war or dates of service] Springfield Records: Sykesville. 215-07-4245 APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line forto), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Fulue Congletines IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Packet unscular Kiness Conditions, if only, which gove ) antew Selection rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) je 3 shauld be detached far use as the ed with the State Dept. of Health priar ta 19a DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES | NO-K O FUNERAL DIRECTOR: After this certificate 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) TENDING PHYSICIAN: TOR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY) 21f. LOCATION Street or R.F.D. No. City or Tawn County State While Not while at work 22a. I certify that (1) (this haspital) attended the deceased from 3-28 19 68 to be retained 22c. DATE\_SIGNED DEGREE DIRECTOR PHYS. director, page shauld be filed Lochett PHYS 22. ADDRESS Springfield Hospital; Sykesville, Md. 22d. PHYSICIAN'S NAME (Type) Glocrito G. Sagisi, M.D. 23a. BURIAL, CREMATION, 235 DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. / LOCATION (Gty or Town) (County) REMOVAL (Specify) 8/16/68 24. FUNERAL DIRECTOR VR A15 (4) 30M REV. 1/68

Tomas A Alexander of the property of the second Cont from The state of the first of the state of the s Telling beautiful Shiller - A think from the state of the A CONTRACTOR OF THE STATE OF TH and the second of the second TEVERS Jeller Will to Rest Avenue James and Automotive States

	1			ND STATE DEPARTMENT OF I		1 4 6 4 4
-		11311.	DIVISION OF VITAL RECORDS	, 301 W. PRESTON STREET, BALT CERTIFICATE OF DEATH	IMUKE, MAKTLAND 21201	17019
		ECEASED NAME First	Middle	Lost	20. DATE OF DEATH	Year 2b. Hour 5
	.(	Type or print)	Viola	Bowen	Month Doy	Year 105 M
	3. S		4. RACE	. S DATE OF BIRTH	6. AGE (In years	IF UNIDER 1 YEAR IF UNIDER 24 HRS.
		Female	White	July2,1890		MONTHS DAYS HOURS MIN.
	7a.	BIRTHPLACE (State or foreign	76 CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9. COUNTY OF DEATH	
		Luaby, Md.	U.S.A.	WIDOWED . DIVORCED	Carroll Coun	ty Md.
		CITY OR TOWN OF DEATH  Westminster, Md	give street godress)	Co.General Hosp <sup>during</sup> A	AL OCCUPATION (Kind of work done of the working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRYOWN home
	li3a.	USJAL RESIDENCE (Where decease	ed lived, if institution Residence before		- ===	
	_	ission) STATE MA	Paltio.		304 Bryanston	e_Rd.
	14.	FATHER'S NAME First	Middle Lost	IS, MOTHER'S MAIDEN NAME	First Middle	Lost
		Thomas	F. Lusb		lla	Coster
	160	. WAS DECEASED EVER IN U.S. ARM fes, as, or unknown)	NED FORCES? (or or dates at service) (one   213-48-4		Address R Fisher, 304 Bryans	eisterstown Ad.
	H				risher, 504 Dryans	APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH
		PART 1. DEATH WAS CAUSED	ly one cause per ne for (a), (b) and (a)	DIAC ARR	40-	IMMED.
		4109 IMMEDIA	TE CAUSE (a)	DIAC JAKK	E 3 /	I'mney.
		Conditions, if any, which gave)	DUE TO, OR AS A CONSEQUENCE O	ARDIAL INF	PARCTION	3 WKS
		rise to immediate couse (a), stating the underlying couse(	DUE TO, OR AS A CONSEQUENCE O		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	2 10 1/3
		lost.		SCLECOTIC HER	PET DISEASE	YEARS
		PART 2 OTHER S GNIFICANT CON	IDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE OR	OND TON GIVEN IN PART 1(0)	
	Z	PIABE	TES MELL	-17US		
	CERTIFICATION	190, DATE OF OPERATION 196, G	CONDITION FOR WHICH OPERATION WAS F		206. IF YES, WERE FINDINGS CO	INSIDERED IN CERTIFYING
	RTIFI			YES NO		
		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M Month Day Yea		r nature of injury in Part 1 or Port 2, 1	tem 18.)
	MEDICAL	(If e-ther, natify medical exomin	ner) P.M.	19		
	2	While Not while at work	FORMER BUILDING SIC	AFTORY.) 21f ŁOCATION Street of R.F.D. No	,	County State
		22a. I certify that (I) (the	is hospital) attended the decea	sed fram 6 30, 196 1968, and that in (my) (aur) ap bady after death.	8// 19 8// 19 6	, that (i) (we) last
		causes stated above	(I) (we) (did) (did nat) view the	e bady after death.	iman death accurred an the dat	e and naur and from the
		225 SIGNATURE	0//	2410 :	22c D	ATE SIGNED
	1	Muceus	A. Jacow (	DEGREE PHYS.	AED STAFF PHYS.	3/1/68.
-	1/	22d PHYSICIAN'S NAME (Type)		22e. ADDRESS		
	230	BURIAL, CREMATION, 236. C	DATE 23c NAME O	F CEMETERY OR CREMATORY	23d. LOCATION (City or Town)	(County) (State)
		BURIAL, CREMATION, 23b. C REMOVAL (Specify)	ug.3,1968 Lorra	ine Park Cemetery	Woodlawn	Baltio. Md.
J	0 33	EUNERAL DIRECTOR	12/ PADDRES		BY REGISTRAR 256 REGISTRAR'S	SIGNATURE
9	XLE	WAN TEMENA	1770me Willes	reals // DATAUG	D MOD	- S



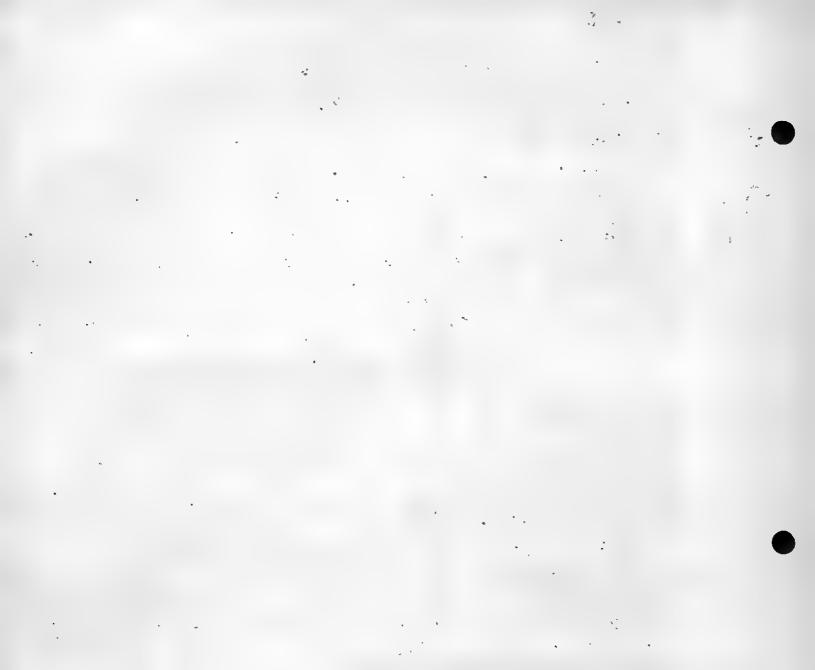
		MARYLAND STATE DEPARTMENT OF HEALTH
		1 1 3 2 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
and the same of		CERTIFICATE OF DEATH
- 100	1. D	ECEASED-NAME First Middle Lost 20. DATE OF DEATH 2b. HOUR A
be executed within 24 hours ofter death on completely filled in by the unerone remove corbon papers. Pages 12-75 in ony event, within 72 hours after death		YPE OF DIMITILE THEL FRANKLIN BOYLE AMONTH DOY YEAR OF 8.45M
ב בה	3 SE	A RACE S. DATE OF BIRTH O. AGE (In years IF UNDER 24 HRS. IN UNDER 24 HRS.
s of the age		FEMALE NAME SAN. 24, 1895 95 YRS
hour in by rs. F	7o. I	BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED AMEYER MARRIED 9. COUNTY OF DEATH
hin 24 ho filled in popers.	10. (	ITY OR TOWN OF DEATH  11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR
ithin y fill yarby	LA	TETM (16 (TTT)   Give street address) DETA ( To during most of working ite, even if retired ) INDUSTRY
d w letel		USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c CITY OR TOWN 13d INSIGN CITY LIMITS? 13e. STREET AND NUMBER
ecuted with completely ove corbor y event, with	odm	(SSION) STATE MD 13b COUNTY ARROLL WESTMINSTANS INO 137 E. G-REENST
oe exe cond conversed in only	14. (	FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN, NAME First Middle Lost
d in the		DR ISENJAMIN G. FRANKLIN AGNES AMELIA SHUEY
requires that the death certificate g physician.  signed by the attending physician burial-transit permit. They be abused to burial, cremation, or removal, an		WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Address Address Address 18 Information of the social security No. 17 INFORMANT Address A
Physical Phy	<b> -</b> -	APPROXIMATE INTERVAL
e deoth certiff affending phy permit. Then		18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART 1. DEATH WAS CAUSED BY:
dec utten ermi		4/29 DUE TO, OR AS A CONSEQUENCE OF
the control	-	Conditions, if ony, which gove
equires that the physician. signed by the burial-transit burial, cremat		rise to immediate cause (a), (b) Stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF
ires ysici ned rial-l		lost. (c)
sig phr		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
ding ding been the	<u>S</u>	7 7 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
the law rateding has been se as the h prior to	CERTIFICATION	YES NO CAUSES OF DEATH?
A: Tare have beauty		210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 23c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.)
YSICIAN: ospitol or certificate hed for us	MEDICAL	GR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Yeor 19 P.M. 19
ATTENDING PHYSICIAN: The law requires the etoined by the hospitol or ottending physician. CTOR: After this certificate hos been signed by should be detoched for use as the burial-training the State Dept. of Health prior to burial, cre	뷯	21d INJURY OCCURRED 21e PLACE OF INJURY / AT HOME, FARM STREET, FACTORY, ) 21f LOCATION Street or R.F.D. No. City of Town County State
te Determine		at work — ot work —
DIN by be be Sto		220. I certify that (I) (this hospital) attended the deceased from, 1962, to
ined ined OR: ould		causes stated abave, (1) (we) (did) (did not) view the body ofter death.
A Se Ci Se	1	22b. SIGMATURE ATTENDING MED. STAFF 22c DATE SIGNED
DIR DIR		22d. PHYSICIAN'S 22e. ADDRESS 22e. ADDRESS
PITA may RAL Perf		NAME(Type) SOMNS. HARSHEY MD & duck-st. Wetwenter und.
O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours Page 4 may be retained by the hospital or attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician, and completely filled in by the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pageshould be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours	230.	BURIAL CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Store)
5 5 F F V		DURIAL 0114 08 01. 201105 CITITLE COM. 1075 TILLIANTE TILL
VR ATS A	24	FUNERAL DIRECTOR  ADDRESS  ADDRESS  ADDRESS  ADDRESS  ADDRESS  AND ALIG 1 4 1988
30M REV. 1/68	1	S. S. mucro A. restminuter ma DATE AUG 14 1968 formation



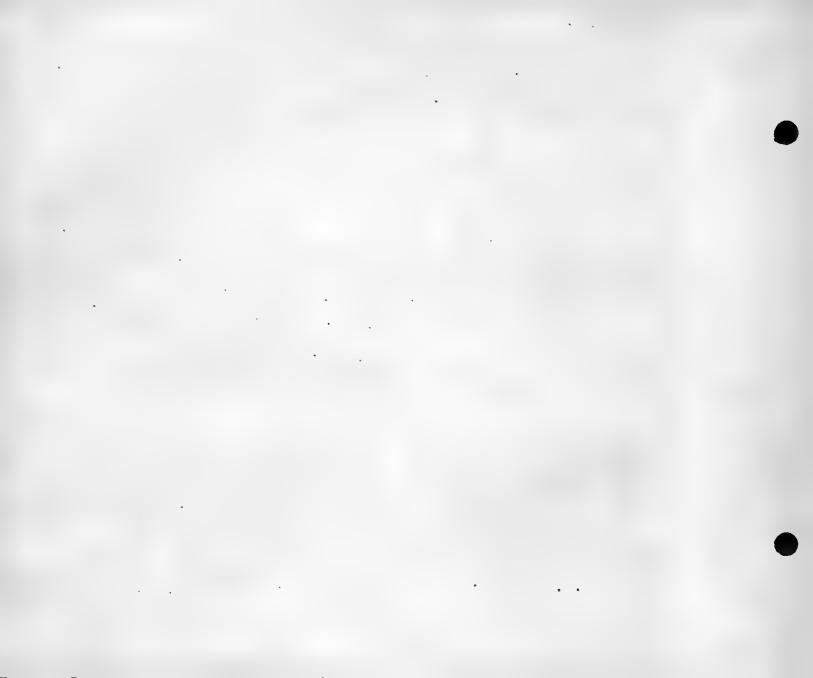
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, It institution, Residence before admission) a. COUNTY . COUNTY Marvland MARYLAND b. CITY OR TOWN (if outside corporate limits. c. CITY OR TOWN (If outside corporete limits, write RURAL and give nearest town) c LENGTH OF STAY IN 16 write RURAL and give negrest town) Baltimore, 21234 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE ON A FARM Glendale Road YES NO NAME OF DECEASED OF (Type or print) DEATH 68 19 Bertha Aug. 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. Just bigthday) Months Hours WIDOWED TO DIVORCED 10s. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY! done during most of working life, even if retired) U.S.A. Germany Housewife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Bertha Frederick Gustav -Bachmann 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT Ad dress (Yes, no, or unkown) | (If yes give we rar detes of service) 689 Norman 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) **DUE TO** Conditions, if any, which (b) gova rise to immediate cause DUE TO (a), steting the underlying cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(\*) 19. WAS AUTOPSY PERFORMED? NO 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED. 2De. PLACE OF INJURY (Home, form. 20f. ICity or town) 20c. TIME OF INJURY Month, Day, Year (County) (State) fectory, street, office bldg., etc.) While Not While Hour s.m. at work at work to 4 14 4 ...... 19, 46, that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from Alphael ..., and that death occurred at/2 M, from the causes and on the date stated above saw the deceased alive on 22b. DATE 22a. SIGNATURE STAFF SIGNED PHYS 22d. ADDRESS 22c. PHYSICIAN'S 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, fown or county) (Stefa) 23e, BURIAL, CREMATION, Maryland Raltimore Lawn Cemetery OFB AUG 2 9 1968 REGISTRAR'S 24 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** YR AIS YA Sander & Sons Inc. Balto. Henry

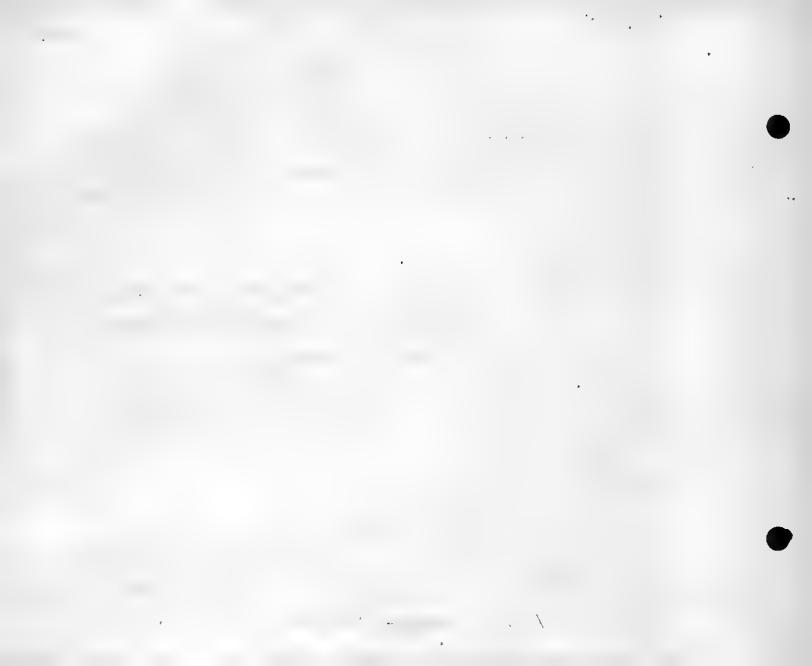


		MAKILAND STATE DEPARTMENT OF HEALTH
1		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
	ı	11314 CERTIFICATE OF DEATH
2 2 4	1. D	CEASED-NAME First Middle stort 20, DATE OF DEATH
PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. The hospital ar attending physician. This certificate has been signed by the attending physician and campletely fulled in by the funeral etached far use as the burial-transit permit. Then please remave carbon papers, Pages 1 and 2 Dept. at Health prior ta burial, cremation, ar remaval, and in any event, within 72 national death.	(	ype or print) ELLA LOUISE BROWN Manth & Doy 10 Year 68 6:50 PM
5 A 7 5	3. S	
s of ages /		FRIMALE White aug. 19 1876 lost birthdoy) YRS MONTHS DAYS HOURS MAIN
- B A B	70	BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH
in 24 h		JALTIMORE ME USA WIDOWED DIVORCED Carroll Md.
vithin 24	10	TTY OR TOWN OF DEATH  11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if retired.)  12b. KIND OF BUSINESS OR INDUSTRY
ed with pletely carbon ent, wit	12	Time health mil. Long telli flicturg theme
unted v umplete ve cart event,	13a.	USUAL RESIDENCE (Where deceosed lived, if institution/Residence before 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER (15SION) STATE 1/2 1/3 COUNTY
xecuted with campletely have carbor ny event, wi		ISSION SIATE Maryland County Carroll WESTMASTED NO 115 E Green
a de la company	14.	FATHER'S NAME First Middle Last IS. MOTHER'S MAIDEN NAME First Middle Last
cient du concinent de conserve		GEORGE BROWN SARAH FRENRICK
ate b ease and in		WAS DECEASED EVER INV S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Address
		(es, no, or unknown) (1) yes give wor or doles of service) 220-54 5048/terbort M. Brown Greanlity, md.
certif g ph) shen nava		18. CAUSE OF DEATH (Enter only one cause per lane 155 (a), (b) and (c).)  APPROXIMATE INTERVA. BETWEEN ONSET AND DEATH
ne death cei affending p permit. The		PART I. DEATH WAS CAUSED BY:
ne death affendi permit. ion, ar r		IMMEDIATE CAUSE (0) JULIAN BUILLE
pe at		Conditions, if any, which gove)  DUE TO, OR AS A CONSCOUNCE-OF:  Conditions, if any, which gove)
the the matter		rise to Immediate cause (a). (b)
equires that the death certift physician. signed by the attending phy burial-transit permit. Then burial, cremation, ar remava	L	stating the underlying couse DUE TO, OR AS A CONSTRUCTOR OF
quires th physician. signed by burial-tral	L	lost (1) Chrone Peran Separane Jeans
Physical Phy		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
ing ing	×	*f S .,
end for some state of the source of the sour	Ĭ	190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
The aft has	CERTIFICATION	YES NO CAUSES OF DEATH?
ar ar eal		21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.)
State of the state	MEDICAL	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) P.M. 19
hosp cer che	¥	21d INJURY OCCURRED 21e PLACE OF INJURY / AT HOME, FARM STREET FACTORY 1 21F LOCATION Street or R.F.D. No. City of Town County State
OR ATTENDING PHYSICIAN: The faw re be retained by the hospital ar attending DIRECTOR: After this certificate has been sea should be detached far use as the ed with the State Dept. af Health prior ta	П	White Not while at work Agriculture of the state of the s
NG NG ter to te	Н	
ND Af the second of the second	П	22a. I certify that (I) (this hospital) attended the deceased from 2-2, 1968, ta 1968, that (I) (we) last saw the deceased alive, an 1968, and that in (my) (our) opinion death occurred an the date and have and from the causes stated above, (I) (we) (did) (did not) view the bady after death.
	Н	
OR ATTENDING be retained by if NRECTOR: After e 3 should be ded with the State	L	226. SIGNATURE  ATTENDING  MED.  STAFF  PHYS.  DIRECTOR  PHYS.  22. DATE SIGNED  \$ -10 -68
P P P P	L	WESTER PHYS. DEGREE PHYS. DIRECTOR PHYS. 1 8-70-68
Al Al Page	L	22d PHYSICIAN'S NRME (Type) 22e. ADDRESS
TO HOSPITAL OR ATTENDING PHYSICIAN: The law rapage 4 may be retained by the hospital ar attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. af Health prior to	<u>_</u>	
House Files	23a	BUR AL, CREMATION, 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote)
5 5 5 2 V	1	SURIAL STY 98 WESTMINSTER - CHETER WESTMINSTER MD
VR AIS AIS	24.	EUNERAL DIRECTOR 250. REC'D BY REGISTRAR 19 258 REGISTRAR
30M REV 1 68		2. 2. Miles De West Minster MM. DATE

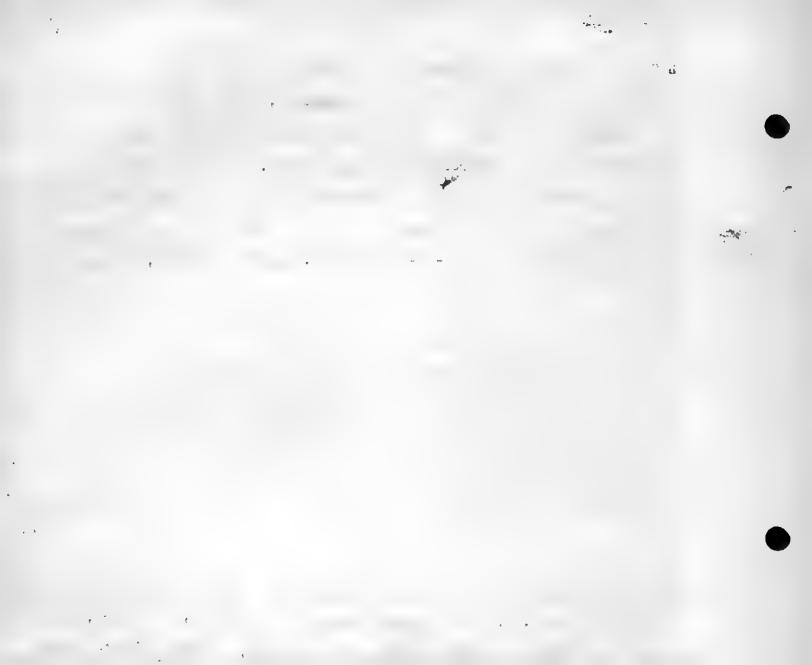


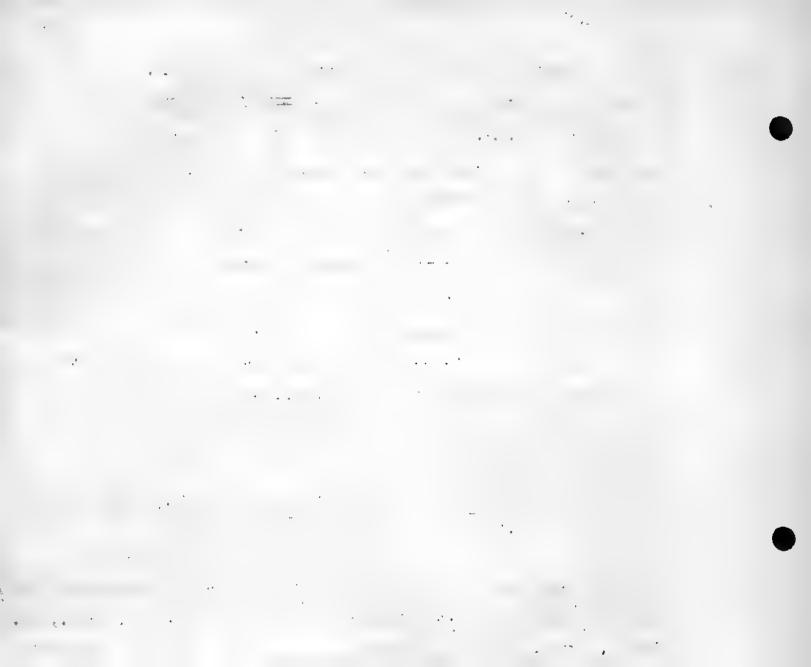
1 1		MARYLAND STATE DEPARTMENT OF HEALTH
		11315 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR STATE	Ιt	em#6 Film#G404 9/MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH XEPT.		ECEASED NAME First Middle Jost 2a DATE KNOWN Manth Day Year 2b HOUR.
v 6 a 2	(1	Type or Print) SYLVESTER TRADES BROWN DEATH MATED 8-29 1868 AN
	3 S	
e	3 3	for highlight Manufact Days Houses Min
Y TE		HLE NEUTO 12/11/01/ 180
e 1 - 1 - 1 - 1 - 1 - 1		BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH
	cayn	MATYLAND (1. S.A. WIDOWED DIVORCED CATTOLL
Pages Arthron	10 (	CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (IF not in hospital 120 USUAL OCCUPATION (Kind of work done 126 KIND OF BUSINESS OR
deoth with	. ,	MT Alru give street oddress) Box 63 during most of working ite, even if retired) INDUSTRY FOUNDS
_ > cn = .	130	USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 13d INSIDE CITY LIMITS?   13e STREET AND NUMBER
s ofter 18. Give s olong 7 with the death.		Idmission) STATE 136 COUNTY O 18 18 18 18 18 18 18 18 18 18 18 18 18
in 18		
hours Item 1 Office I and 2 ofter d	14. F	FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Lost
24   in  i rs (		DON NAM STOWN NELLIC NAIN LUTNEY
nct in niner's niner's pages hours		WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT ADDRESS
within pencil xamine ile pag 72 hou	(1	(es, no, or unknown) (if you gove war or dates of service) 218-12-8149A MINNIL Brown Rta Box63 MT Airy h
		CONCAVINATE INTERES
executed inding" ir Medicol I i permit		18. CAUSE OF DEATH (Enter only one couse per line LaD(a), (b), and (c).) PART 1. DEATH WAS CAUSED BY:
xecute ading: Medicol permit		immediate cause (a) the contract of the contra
be execut "pending" iief Medico Insit permi		DUE TO, OR AS A CONTROLLENCE OF CONTROLLENCE OF CONTROLLENCE OF STATE OF ST
be 'pe hief		conditions if only, which gave rise to immediate cause (a)
word word the Chinal-tm		Stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF
0 5		(ast ) (a) provelette walkule getter
		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g)
certificate writing th irwarded t issed os o		4 !
its certification its certification its forward or used or removal,	NO.	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION 20 AUTOPSY?
certii, writ orwal used mova	CERTIFICATION	WAS PERFORMENS
	E	YES NO
		21a EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Doy, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18) PRIMARY OR CONTRIBUTING 1
es.	3	CAUSE OF DEATH P.M 19
S and the state of	QWED.	21d INJURY OCCURRED 21e PLACE OF INJURY (At home, farm, street, 21f LOCATION Street or R F D No City or Town County State
(AMINER: te the certi e 4 should rour files. oge 3 shou cremation,		WHILE NOT WHILE factory, office building, etc.)
		22a 1 certify that I taak charge of the remains described above, held on Autopsy , Inspection , Inquiry , and in my opinion
- 0 20 - 21 -		
AL 1 exec r. Pcr for for uniol	1	
se executor. Per formal		death resulted fram: Natural causes Accident [], Suicide [], Hamicide [], Undefermined manner []
bitcal indicator. Per formal director. Per formal for possible for pirector. Per formal for to buriel in to buriel in the formal		death resulted fram: Natural causes Accident , Suicide , Hamicide , Undetermined manner .
pleose of director to rior to		death resulted fram: Natural causes Accident . Suicide . Hamicide . Undetermined manner .
UTY, prior perof		death resulted fram: Natural causes Accident , Suicide , Hamicide , Undetermined manner   ACTUAL SIGNATURE
UTY, prior perof		death resulted fram: Natural causes Accident   , Suicide   , Hamicide   , Undefermined manner    ACTUAL SIGNATURE   ASSISTANT MEDICAL EXAMINER   226. DATE SIGNED    EXAMINER'S DEPUTY MEDICAL EXAMINER
DEPUTY ressary, p e funerol moy be re FUNERAL	230	death resulted fram: Natural causes Accident   , Suicide   , Hamicide   , Undefermined manner    ACTUAL SIGNATURE   CHIEF MEDICAL EXAMINER   22b. DATE SIGNED    EXAMINER'S NAME (Type) W.G. Speicher   Speicher
DEPUTY CESSARY, P e funerol moy be re FUNERAL colth prior	23 o	death resulted fram: Natural causes Accident   , Suicide   , Hamicide   , Undefermined manner    ACTUAL SIGNATURE
DEPUTY ressary, p e funerol moy be re FUNERAL	E	death resulted fram: Natural causes Accident , Suicide , Hamicide , Undetermined manner   ACTUAL SIGNATURE
DEPUTY ressary, p e funerol moy be re FUNERAL	E	death resulted fram: Natural causes Accident   , Suicide   , Hamicide   , Undefermined manner    ACTUAL SIGNATURE   ASSISTANT MEDICAL EXAMINER   22b. DATE SIGNED    EXAMINER'S NAME (Type) W. G. Speicher   23c. NAME OF CEMETERY OR CREMATORY   23d. LOCATION (City of Tawn) (Caunty) (State)





	1			ND STATE DEPARTMENT OF		
- mile	1	11317	DIVISION OF VITAL RECORDS	, 301 W. PRESTON STREET, BA		22325
		T 7 0 T 0		CERTIFICATE OF DEATH		L. & O
를 <sup>2</sup> 등록		CEASED-NAME First ype or print)		lost	20 DATE OF DEATH Month Doy	Yeor 2b. HOUR
deoth. nerol and 2 death.		ANDR		COONEY	ang 3 1	968 8 A M
fer e fu fter	3. S		4 RACE	S. DATE OF BIRTH	1897 6. AGE (In years last birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
Pogge Jrs o	L	male	white	Apřil 24,	110,	
hou	70. cou	BIRTHPLACE (State or foreign Ireland	76. CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED	Carroll County	
4 Me 22	-		Ireland	WIDOWED DIVORCED DIVO		Md.
d within letely fill orbon print, within	W	estminster	Carroll Cou	nty General Hosp	SUAL OCCUPATION (Kind of work done most of working life even if retured) MEDICAL DOCTOR	12b. KIND OF BUSINESS OR INDUSTRY
ote be executed within 24 hours after deoth cign and completely filled in by the funeral rease remove carbon popers. Pages I and 2 and in any event, within 72 hours after death	13o. odm	USUAL RESIDENCE (Where deceonsission) STATE Maryla:	osed lived, if institution: Residence before ind 13b COUNTY Carroll	Westminster YES	NO 203 Gist Road	1
exe and c emo	14.	FATHER'S NAME FIRST	Middle Lost	1S. MOTHER'S MAIDEN NAMI	E First Middle	Lost
n or	L	John	Coon		fary Ann (	Gleeson
hysicia val. on	160	WAS DECEASED EVER IN U.S. AR. (If yes give "XX"		70. 17. INFORMANT 03464 Sean F. Coor	4 Nutley Park	c eland
TENDING PHYSICIAN: The .aw requires that the death certificate ined by the hospital or attending physician.  8. After this certificate has been signed by the ottending physician build be detached for use as the burial-transit permit. The present the State Dept. of Health priar to burial, cremotion, or removal, and		PART I DEATH WAS CAUSE IMMEDI  Conditions, if any, which gave use to immediate cause (o), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUENCE O	aligh aterior		BETWEEN ONSET AND DEATH
ng pan sign sign sign sign sign sign sign sig		4500 1	rumona	loban	4 )	
: The .aw re or attending e hos been use os the alth priar to l	CERTIFICATION	190. DATE OF OPERATION 196	COND YOU FOR WHICH OPERATION WAS I		20b. IF YES, WERE FINDINGS CO CAUSES OF DEATH?	INSIDERED IN CERTIFYING
YSICIAN: 1 ospitol or certificate hed for us	MEDICAL CER	210. ACCIDENT WAS UNDERLYING CAUSE OF DEA	ATH HOUR A.M. Month Doy Yes		nter noture of injury in Port 1 or Port 2, It	em 18.)
DING PHYSICIAN: The by the hospital or at the this certificate has detoched for use State Dept. of Health	ME		e PLACE OF INJURY (AT HOME FARM, STREET, OFFICE BUILDING ETC.	ACTORY.) 21f LOCATION Street or R.F.D.	No. City or Town	County State
OR AI  be reto  DIRECTO  Sala 3 she  ded with		220. I certify that (I) (th	his haspital) attended the deceo alive on aug 3, ve, (1) (a) (did) (distrol) view the S. Harshey we N S. HARSHEY	sed from July 24, 19 196, and that in (my) (our) of body ofter death.  DEGREE PHYS []- 22e ADDRESS M.D. January	MED. DIRECTOR DESTAFF DESCRIPTION STAFF DESCRIPT	T, that (i) (we) last the ond hour and from the ATE SIGNED
TO HOSPITAL Poge 4 moy TO FUNERAL director, pog should be fi	230	BURIAL, CREMATION, 23b REMOVAL (Specify) A		F CEMETERY OR CREMATORY  Rhal Cometery	Nenagh, Tippers	
VR A15 (4)	24.	FUNERAL DIRECTOR	ADDRE	2So. REC	D BY REGISTRAR 256 REGISTRAR'S	SIGNATURE
30M REV 1/68	1	x. z. myers	. to Westmin	THE MO DATE AL	165 1968 Acces	MAY YOU'SE





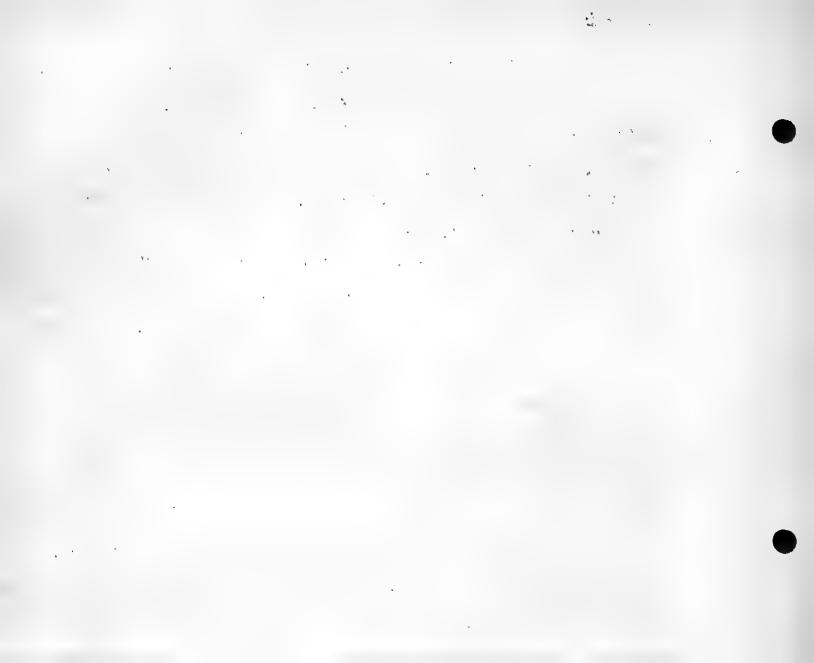
and the same of th		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	3727
	l	11318 CERTIFICATE OF DEATH	
1/ E NE		ECEASED-NAME First Middle Last 2a. DATE OF DEATH	2b_HOUR,
death death	1	Type or print) MAUDE NAOMI COPENHAVER AUG Day	Year Y.40 N
	3. SI	EX 4 RACE S. DATE OF BIRTH 6. AGE (In years # JADE	ER I YEAR 15 UNIOER 24 HRS
# (# <b>1</b>	Ι.	FEMALE NHITE AUG, 15, 1980 lost b rthday) YRS, MONTHS	DAYS HOURS MIN
and and and	70	BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY?   8. MARDIED   NEVER MARDIED   9. COUNTY OF DEATH	1
in the	cou	Grandle arx U.S. a WIDOWED DIVORCED CASSALL Co.	Md
filled in 724 hin 72	10. (	CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done 12b.	KIND OF BUSINESS OR
	1	STAININGTER give street address) JOHN ST. during most of working life, even if retired ) INDI	DUSTRY
nd with with with with with with with with	130.	USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN 13d INSIDE CITY HM TS? 13e STREET AND NUMBER	
d comple	adm	MARYLAND COUNTY PARROLL WESTMINSTED YES NO 4/ JOHN.	ST.
and card	14	FATHER'S NAME First Middle Last IS. MOTHER'S MAIDEN NAME First Middle	Lost
d in ar		WILLIAM - HILTABRIDLE REBECCA DAYHOFF	
ficate be pysicion of please al, and in		WAS DECEASED EVER IN U.S. ARMED FORCES?  16b. SOCIAL SECURITY NO.  17. INFORMANT  Address  4. Address	-1-100MD -7M
rtific shys		Yes, no, or unknown) (1 yes give war or dotes of service) 213-50-907 X MISS GRACE N. HILTABRIDLE W	VESTIMINSTER
te death certifi attending phy permit. Then ion, or removal		18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).)	APPROXIMATE INTERVA. BETWEEN ONSET AND DEATH
eath andii nit.		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Corcupus Column	1414
affe d	L	DUE TO, OR AS A CONSEQUENCE OF	100
the the sit in the matrix		Conditions, if any, which gave is to immediate course (a). (b) Shall are a Cachegia	6-8m0
the day and the creating of th		stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
equires the physician. signed by burial-tron burial, cret		last. (c)	
phy sign burner	П	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
law re nding been s the or to	NO.		TIP IN CERTIFICATION
the law requires the ottending physician. has been signed by se as the burnal-troith prior to burial, cre	3	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 206. IF YES, WERE FINDINGS CONSIDER CAUSES OF DEATH?	RED IN CERTIFYING
PHYSICIAN: The law e hospital or ottendin his certificate has bee stoched for use os the Dept. of Health prior t	CERTIFICATION	YES NO NO NOTION CAUSES OF DEATH?  21 o. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 2216 HOW INJURY OCCURRED (Enter noture of (numy in Port 1 or Part 2, Item 18	
AN olo olo for for Hec	3	TOR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year	.)
PHYSICIAN: he hospital or his certificate stocked for u Dept. of Heah	MED:	Tif either, notify med cal examiner) P.M 19 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOWE, FARM, STREET, FACTORY) 21f LOCATION Street or R.F.D. No. City of Town Coun	ntv Stote
PHY e ho nis o tock tock		21d. INJURY OCCURRED While Not while of wark  21e PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY) OFFICE BUILDING ETC  Coun	11y 3:016
F the de ote l		of work at work   12/20   certify that (1) (this becaused the deceased from $1-7-$ 19/27 to $8-144$ 19/28	that (I) (wa) las
ATTENDING etained by th CTOR: After I should be d	П	220. I certify that (I) (this hospital) attended the deceased from 1 = 7 = 1967, to 2 - 14 = 1968 sow the deceased olive, op 1968, and that in (my) (our) opinion death occurred on the date and couses stated above, (I) (we) (did) (3id not) view the body ofter death.	d hour and from the
Oct the state of t	L	couses stated above, (I) (we) (did) (did not) view the body after death.	
OR ATTENDIN be retained by DIRECTOR: After ge 3 should be led with the Sto	L	22b. SIGNATURE ATTENDING MED. STAFF 22c. DATE SIGNATURE	GNED CO
P. P	L	CALLEN MECHANIST DEGREE PHYS DIRECTOR LIPHYS	1-08
May RAL Se fi		22d. PHYSICIAN W. Glenn Societies md 220. ADDRESS 135 8. Main Westmister	my
O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be Page 4 may be retained by the hospital or ottending physician. O FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion a director, page 3 should be detoched for use os the burnd-tronsit permit. Then please is should be filed with the State Dept. of Health prior to burial, cremation, ar removal, and in		TOTAL CONFICTION IN THE CHAIR WEST AIRST E	(()-10)
E age Title	230	BURIAL (REMATION 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (COURT PRINCIPLE & BAUST CHURCH CEMETERY RURAL NESTM	inty) (State)
5-5-4	24	POLUSICAL OF THE POLICE CAURCIT I FINE THE WEST	WRE O
VR A15 (4) 37 30M REV 1768	1	FUNERAL DIRECTOR  ADDRESS  ADDRESS  ADDRESS  AND ATE AUG 1 9 1968  AUG 1 9 1968	so Judge



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH Middle Lost 20. DATE OF DEATH DECEASED-NAME First 2b HOUR (Type or print) Nellie (MMN) Crawley and campletely filled in by the fur remave carbon papers Pages 1 in any event, within 72 hours after 3 SEX 4. RACE S. DATE OF BIRTH 6 AGE (In years be executed within 24 hours after loss buthday) 4-26-85 white female 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8 MARRIED NEVER MARRIED Indiana Carroll DIVORCED [ H.S.A. WIDOWED X 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospitol 12o. USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 126 KIND OF BUSINESS OR Springfield State Hospital during most of working life, even if retired)
Stock Clerk Sykesville-Rural 130 USUAL RESIDENCE (Where deceosed lived, if institution Residence before 13c CITY OR TOWN 13e. STREET AND NUMBER 3d INSIDE CITY LIMITS? 136 COUNTY 8011 Easte rn Silversprint 14. FATHER'S NAMI Middle Lost 15. MOTHER'S MAIDEN NAME First Lost William Hicks Tewell Emmaline Raybourne certificate 17. INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO Neva Nuzzo (If yes give war at dates of service) Yes, no. or unknown) 10-10-5272 1B CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c),)
PART I, DEATH WAS CAUSED BY:
IMMEDIATE (AUSE (o) BETWEEN ONSET AND DEATH he mue Conditions, if only, which gove ) burial-transit rise to immediate cause (o), DUE TO, OR AS A TONSEQUENTE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Page 4 may be retained by the haspital ar attending O FUNERAL DIRECTOR: After this certificate has been Chronic Brain Syndrome, senile brain disease, with psychotic reaction far use as the 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19o. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a, AUTOPSY? CAUSES OF DEATH? YES 🖂 NO Ed 21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 1B.) 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. City or Town County While Not while of work 22a. I certify that (t) (this haspital) attended the deceased from 8-8, 1966, ta 8-6, 19-68, that (t) (we) last saw the deceased alive an 8-6, and that in (#9) (aur) apinian death accurred on the date and haur and from the causes stated abave, (4) (we) (did) (did-pet) view the bady after death. 22 DATE SIGNED 22b. SIGNATURE ATTENDING PHYS MED DIRECTOR DEGRÉE ATRICO 225 APPRING field Hospital, Sykesville, Md 22d. PHYSICIAN'S NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 230. BURIAL, CREMATION Washington National Cem Suitland Pr. Geo. Maryland

ADDRESS 250. REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE REMOVAL (Specify) Dumphrey Inc. 8434 Ga. Ave. S.S. Md DATE AUG 12 VR A15 (4) 1968







_	1	MARIEARD STATE DEPARTMENT OF REALTR
	1 4	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11031
		CERTIFICATE OF DEATH
:	<u> </u>	
E		ECEASED NAME First Middle Lost 20. DATE OF DEATH 2b HOUR
	1	Type or print) MARY VICTORIA DERR AUGUST 25 YEOR 8 45 MM
2 / 3 - 1	3. 5	EX 4 RAC! S. DATE OF BIRTH 6. AGE (In years I sunder I year I is under 24 Hrs.
a Tal	3. 3	last burthday) MONTHS DAYS MODIES MIN
rs off Page rrs of		FEMALE 1011-12. June 8, 1909 39 YRS
au yd au	70.	BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 COUNTY OF DEATH
within 24 hours after the papers. Page: within 72 hours of within 72 h	COU	THE PROPERTY OF THE PROPERTY O
lin 24 h filte in papers hin 72 h	10	
	110.	CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if retired.)  12. USUAL OCCUPATION (Kind of work done give street address)  13. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if retired.)
executed with and certifierally rehave carban nany event, with	11:3	SYKESUILE SONIAGIELD STATE 1405D HOUSE WIFE OWN HOME
N TE OF TE	130	USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN / 13d INSIGE CITY LIM TS? 13e. STREET AND NUMBER
# 15 %	odm	1155101) STATE Md. 13b. COUNTY CIARROLL NEW WINGSON YES NOW - NONE
<b>3 3</b> 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	-	
and reky	14	FATHER'S NAME First Middle Last IS. MOTHER'S MAIDEN NAME First Middle Last
5		Charles - mullican Louisa mullican
ficate be ysician o please al, and ii	160	. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT TECOTE & Address
S 88.	1	(es, no, or unknowp), (If yes give war or dates of service)
ne death certifi attending phy permit. Then I ion, ar remaval	⊫	-NO - SPRINGFIELD STATE HOSPITAL SYKES, Md,
9 54 6		18. CAUSE OF DEATH (Enter only one cause per line-for (a), (b), and (c).)  PART 1 DEATH WAS CAUSED BY:  APPROXIMATE INTERVAL BETWEEN ONSET AND QUATH
두 늘 은	1	PART 1 DEATH WAS CAUSED BY:
ne deatl attendi permit. ian, ar r		IMMEDIATE CAUSE (0) the since for the since
ad ad ad ad ad ad		TO C A DUE TO, OR AS A CONSEQUENCE OF
the the sit parties		Conditions, if any, which gave) (b) // New inen it
tha an. by ran cren		stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF
· Sig 구 보고		lost 44 G \ (1)
equires that the death certificate be executed physician. Signed by the attending physician and certifies burial-transit permit. Then please rengave coburial, crematian, ar remaval, and in any event		-//×^
The law requires that the death certificate be executed within 24 hours after death attending physician.  Has been signed by the attending physician and certificately filled in by the fundanties as the burial-transit permit. Then please retake capan papers. Pages I had the priar to burial, crematian, ar remaval, and in any event, within 72 haurs after death.		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)
ng he ta	22	CBS. 2350ciared with Plesanile brain disease with psuchetis.
lov ndi be be	18	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 200, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
The atternation has has har	18	YES NO CAUSES OF DEATH?
L S S S S S S S S S S S S S S S S S S S	CERTIFICATION	
YSICIAN: ospital ar certificate hed far u		21a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part 2, Hem 18.)
0.長電電電	DIGAL I	If either, notify medical exominer   P.M.
ost de la certa de	MEDI	ALL ALLOW ACCURATE AN ELECTRICAL ACCURACY AND COMPLETE CONTRACT AND CO
he he he this this detacle		While Not while \ \OFFE BUILDING ETC /
OR ATTENDING PHYSICIAN: be retained by the hospital or DIRECTOR: After this certricate je 3 should be detached far it ed with the State Dept. of Hea		di waik di waik
IDING J by t After I be c		22a. I certify that (1) (this haspital) attended the deceased fram November 15, 19 63, to August 1519 65, that (1) (we) last
A P P		saw the deceased alive an Angust 25, 1965, and that in (my) (our) apinion death accurred an the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.
S S S S S S S S S S S S S S S S S S S		
A retrieved to the second seco		226 SIGNATURE 229- SATI SIGNED
G 33 33 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		Was / Tolder / DIRECTOR DIRECT
14 G 8 8		22d PHYSICIAN SO 22e ADDRESS 5. S. HOSPITAL
Mag		HAME (Truck)
NE TO		MARKETY PORTO IC. ESPINA SYKESVILLE, Md.
D HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the hospital ar attending 5 FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached far use as the should be filed with the State Dept. af Health priar ta	23a	BLRIAL, (REMATION, 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State)
TO HOSPITAL OR ATTER Page 4 may be retained TO FUNERAL DIRECTOR: director, page 3 should should be filed with thh	-	BURNE AUG 28-1968 MT HOPE WOODSBURO MD
	24.	
30M REV 148	( )	ALIG 2 8 1968 Missella O. day
3	JA	DA Harlalen y sons few Windson DATE

AUP

8660-85-811

NON=

ain a	8	MARTLAND STATE DEPARTMENT OF HEALTH	
	1	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	11132
and a supplied to the supplied	1	11324 CERTIFICATE OF DEATH	
4 24		DECEASED-NAME First Middle Lost 20. DATE OF DEATH	2b. HOUR
er death. funerol	(	(Type or print) Frank Nelson Donelson 8 Month 13 Day 6	Steer 738 M
5/3	3. S		DER I YEAR IF UNDER 24 HRS.
s afte		Male White 5-15-84 lost birthday) YRS MONTH	S DAYS HOURS MIN
by 1	70.	BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	<del></del>
in I in I 2 ho		marked Marked In arked In arke	1.06
filled filled thin 77	10		b KIND OF BUSINESS OR
			DUSTRY 70:1
d v d v d v d v d v d v d v d v d v d v		L USYAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 13d INSIDE CITY JAM. 15? 13e STREET AND NUMBER	
ecuted with completely ove carbon y event, wife	adm	MISSION) STATE Md 136 COUNTS 1/2 More B2/4 more YES NO 717 EGittings	AUC
and co	14	FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle	Lost
ed of		Artenus Donelson Virginia	Poblita
cote Season		o WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address	2
		Yes. no. or unknown) (If yes give wor or dotes of service) 216-24-7285 Hospital Records	
The The		18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ne deoth ce attending p permit. The	П	PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Cornary Throm Dosis	min
atte	L	4/07 DUE TO, OR AS A CONSEQUENCE OF	
the the option	1	Conditions, if only, which gove )	
hat n. ans ems		nse to immediate cause (a), (b).  Stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
equires that the deothe physicion. Signed by the attendiburiol-transit permit.		last. 46.27) (c)	
hys igne urio	П	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
ng F		CBS assoc, with cerebral arteriosclerosis with behavioral reaction	
law reinding been s the rior to	AT O	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 206. IF YES, WERE FINDINGS CONSIDER	ERED IN CERTIFYING
The atternation of the second	CERTIFICATION	YES NO CAUSES OF DEATH?	
ate or self-			18.)
CIA ital ital ital ital	MEDICAL	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year  (If either, notify medical examiner) P.M. 19	
YSI cer chec pt. c	WE		unty State
he the the the the the the the the the t	Ш	While Not while of wark of wark	
NG yy t ter ter tote	П	220. I certify that (1) (this hospital) attended the deceased from 6 - ( ), 1962, to 8 - 13, 1962 sow the deceased alive on 8 //2	_, that (4) (we) last
N S S S S S S S S S S S S S S S S S S S		sow the deceased alive on 8/12 1968, and that in (1997) (our) opinion death occurred on the date or	nd hour ond from the
P S S S S S S S S S S S S S S S S S S S	П	couses stoted above, (b) (we) (did) (did not) view the body ofter death.	CLC NED
REC 3 s	L	ATTENDING MED. STAFF	13/18
y be siled	П		0/6 0
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deoth ce Poge 4 moy be retained by the hospital or attending physicion.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending a director, page 3 should be detoched for use as the buriol-transit permit. The should be filled with the State Dept. of Health prior to buriol, cremotion, or remained that the state of the state of the should be filled with the State Dept. of Health prior to buriol, cremotion, or remained.	Ι.	22d PHYSICIAN'S J. C murphy M. D. 22e. ADDRESS 3670 Hilmer Rd. Baltimore	e md.
HOS ge 4 UN	230	D. BURIAL CREMATION, 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Co	unty) (Stote)
<b>5</b> € € €		REMOVAL (Specify) 8/15/68 Lorraine Cemetery Woodlawn Md	
•	24	FUNERAL DIRECTOR ADDRESS 250 REC'D BY REGISTRAR 250 REGIST	TURBLIANDE
30M REV 1/8		Mitchell Wiedefeld Home 6500 York Rd. DATE AUG 19 1968 guard	,
\ /	-		



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Itam23b, FilmG403 8/16/68 km CERTIFICATE OF DEATH DECEASED-NAME First Middle Last 2a DATE OF DEATH 2b HOUR wethin 24 hours after death (Type or pnnt) August by the attending physician and completely filled in by the funeral transit permit. Then please remaye carban papers. Pages I and crematian, ar removal, and in any event, within 72 haurs after dear John Arthur DORCAS 6. AGE (In years IF JNDER 1 YEAR S. DATE OF BIRTH 3. SEX 4. RACE HOURS 11/12/26 last birthday) Negro Male 9. COUNTY OF DEATH 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED (52) NEVER MARRIED country) mpletely filled in DIVORCED WIDOWED [ Carroll County, West Va. H.S.A. 120 USUAL OCCUPATION (Kind of work done TO CITY OR YOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b KIND OF BUSINESS OR Sykesville Springfield State Hospital

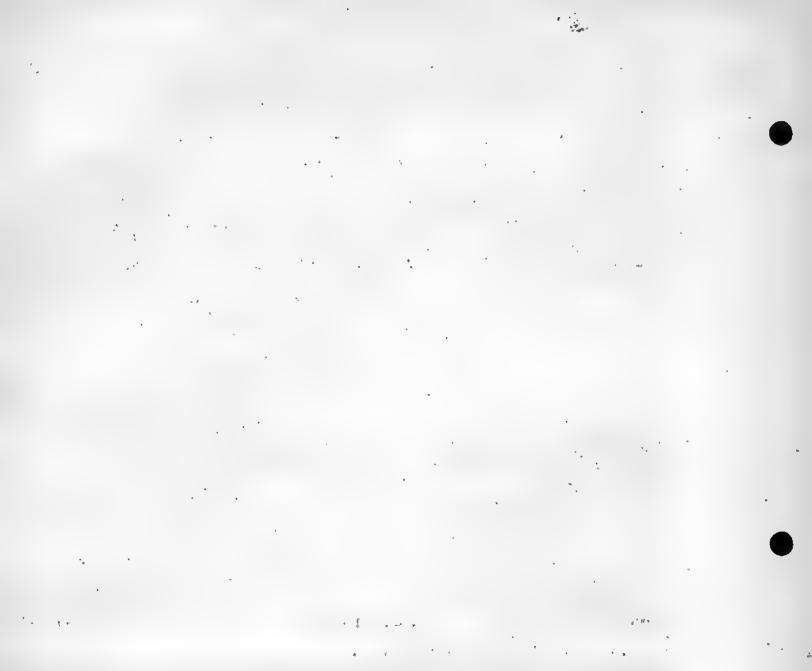
[30. USUAL RESIDENCE (Where deceased lived of institution. Residence before 13c. CITY OR TOWN 13d. during most of working life, even if retired )
Salesman the attending physician was cerban 13d. INSIDE CITY LIMITS? 13e, STREET AND NUMBER cuted 13b/ COUNTY YES \_\_\_ NO \_ Baltimore 1504 McCulloh Street 14 FATHER'S NAME IS MOTHER'S MAIDEN NAME First Middle Middle Ü requires that the death certificate be Delia Tibbs Hubert M. Dorcas 16b. SOCIAL SECURITY NO. 17. INFORMANT Address 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown)
None Records, Springfield State Hospital Sykesville, Maryland 234-34-1757 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (d) Sykesville, Fra PART I DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Arteriosclerotic cardiovascular disease BETWEEN ONSET AND DEATH signed by the attendii burial-transit permit. Years DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove ] nse ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the haspital ar attending physician. stoting the underlying couse last 40 21 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) use as the l O FUNERAL DIRECTOR: After this certificate has been Paranoid State
190. DATE OF OPERATION 1196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a AUTOPSY? CAUSES OF DEATH? YES 🗍 NO S be detached far use State Dept. af Health 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) 21g. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year P.M 21d INLURY OCCURRED 21e. PLACE OF INJURY ( AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State While Not while at work 22a. I certify that (I) (this haspital) attended the deceased fram—saw the deceased alive on—8/7/68.19—, and m\_\_\_\_\_8/1/66\_, 19\_\_\_\_, ta\_\_\_8/7/68\_, 19\_\_\_\_\_, that (I) (we) last , and that in (my) (aur) apinian death accurred on the date and haur and train the , that (I) (we) last causes stated abave, (1) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED MED. DIRECTOR STAFF METE M BEGREE August 8, 1968 director, page should be filed PHYS 22d. PHYSICIAN'S 22e. ADDRESS Springfield State Hospital NAME (Type) Octavio A. Ruiz. M.D. 230 BURIAL, CREMATION, REMOVAL (Specify) 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) Randolph o. West Virginia Beverly Cemeterv 250. REC'D BY REGISTRAS 1968. REGISTRAS SIGNASE 24 FUNERAL DIRECTOR VR A15 [4] 30M REV 1/68 DATE Arlington S. Phillips 1727 N. Monroe Street





_	1	4400E				PARIMENT OF				
		11327	DIVISION OF			TON STREET, BAL	TIMORE, MARY	'LAND 21201		
				(	CERTIFICA'	TE OF DEATH			11335	,
THE TOTAL		CEASED NAME First ype or print)		Middle C-	16 -	Lost	2a DATE OF D	EATH Month 🞖 Doy	30 Year (8 12)	HOUR
E[M]	3 SI	ma	4 RACE	2.	N Jul	llera	- 3			JO N
th the safet	3. 31	Temple	4 JACE	w hit		DATE OF BIRTH	95-	AGE (In years last birthday) 2_YRS	FUNDER LYEAR FUNDER MONTHS DAYS HOURS	74 HRS
by the hours	70	IRTHPLACE (State or foreign	7b. CITIZEN OF WHA	AT COUNTRY?	8 MARRIED	NEVER MARRIED	9. COUNTY OF D			
2 3 2	coyi	this town Pa	- U.	5 A.	WIDOWED [2]	- DIVORCED [	Can	oll		Md
within 22 teh filled bon pop	10. (	TY OR TOWN OF DEATH	11 NAI give st	ME OF HOSPITAL OR IN	STITUTION (If not II	haspital 12a US during r	UAL OCCUPATION (I	e, even if retired )	126 KIND OF BUSINESS INDUSTRY	OR
e executed wi	13o	USUAL RESIDENCE (Where deceo	sed lived, if institute	n Residence before	13c. CITY OR JO	WN 13d INSIDE CITY YES V		ET AND NUMBER	- /3	
com com sove	_			Lucin S	Julian		74	Fenneyer	onder Cine	·
requires that the deoth certificote be executed graysicion. Signed by the attending physician ond complet burial-transit permit. Then please remove control, cremation, or removol, and in ony event.	14	ATHER'S NAME First	J A Middle	porgle.	ار [ادر	OTHER'S MAIDEN NAME	First Hor	Middle	Losi	
physicion. signed by the attending physician subvial-transit permit Then please burial, tremation, or removol, and i	16a.	WAS DECEASED EVER IN U.S. ARI	MED FORCES? war or dates at service)	166. SOCIAL SECURITY	NO. 17 INFO	Many 16	10 .75	Addless		
certi ph hen nove	-	18. CAUSE OF DEATH (Emier or	W one cause per line			2 (1	· Laure	wo loss	APPROXIMATE INTERV	
eoth certifi ending phy nit Then or removo		PART I. DEATH WAS CAUSE	D BY: ATE CAUSE (o)	s for (u), (u), and (c)	hrow	e mi	raede	20	BETWEEN ONSET AND D	DEATH
he deotl attendi permit ion, or r		4.	DUE TO, OR AS	A CONSEQUENCE OF	1	-0 0				
that th on. by the rransit	١.	Conditions, if any, which gave use to immediate cause (a),	(b)	(M	indes	sties a	ale Vos	all Ola		
quires the physicion. signed by burial-fra		stoting the underlying cause last.	(c)	A CONSEQUENCE OF					4	
equire physi signe burial burrol	:	PART 2 OTHER SIGNIFICANT CO	NDITIONS CONTRIBUT	ING TO DEATH BUT N	OT RELATED TO TH	E TERMINAL DISEASE OF	CONDITION GIVEN	N PART 1(a)		
2	8		Part GL	who	Su	2 Qual		lann		
p o is	CERTIFICATION	190. DATE OF OPERATION 196.	CONDITION FOR WIPH	H OPERATION WAS PE	RFORMED	200 AUTOPSY? YES NO 5	CAUSES O	ES, WERE FINDINGS OF F DEATH?	ONSIDERED IN CERTIFYING	G
at at the		21a ACCIDENT WAS UNDERLYIN	E. O. 1111191 O.1	INUE 7	21c. HOW	INJURY OCCURRED (Ent		in Part 1 or Part 2,	Item 18.)	
	MEDICAL	OR CONTR BUTING CAUSE DE DEA	ner) P.M	Month Doy Lear	11 930	utonade	te Cocci	dut "		
NG PHYSICIAI ty the hospital ter this certifica e detached for late Dept. of H	×	21d INJURY OCCURRED While Nat while at work 21e	PLACE OF INJURY (	at home, farm, street fai office building, etc.	TORY.) 211 TOCAT	ION Street or R.F.D. N	a City or	Town	County S	State
by the differ of Stote		220. I certify that (I) (the saw the deceased of	is haspital) atte	nded the deceos	ed from	427 , 19	68, to/sugs	of 30 , 19	, that (I) (w	e) last
<b>=</b> - < - <		saw the deceased a causes stated above	live an <i>[[] [] []</i> e, (1) (we) (dld) (	di <del>d not</del> ) view the	9 <i>.cd., l</i> and th body enter dea	iat in (my) (o <del>or)</del> aj th.	oinian death 6c	urred on the do	te and hour ond fro	m the
O HOSPITAL OR ATTENE Page 4 may be retained O FUNERAL DIRECTOR: A director, page 3 should should be filed with the		22b. SIGNATURE	VIS	3. 1.	ODEGREE.	ATTENDING PHYS.	MED. DIRECTOR	STAFF 22c.	DATE SIGNED	R
FAL OI noy be AL DIR page : e filed		22d PHYSICIAN'S NAME (Type)	T	Die	/	22e ADDRESS	DIRECTOR -	rats.	9 00,176	
NER.		1 7 0036		12101	12	1 / AM/	OSTEA	0 1/1	15419AM	
O HOSPITAL OF Poge 4 moy be O FUNERAL DIR director, poge should be filed	23a	BURIAL EREMATION, 23b.	DATE 9/2/68		CEMETERY OR CRE		23d LOCATION	(City or Town)	(County) (State	
	24	FUNERAL DIRECTOR	- ( "	ADDRESS			BY REGISTRAR	25b REGISTRAR'S		
VR A15 (4) 30M REV. 1/68	11/	Alland AVIT	TUX L	ittlestow	n. Pa.	DATE	SEP 3	1958 000	compan land	58



N. Carlotte	t .	MARYLAND STATE DEPARTMENT OF HEALTH		
$\alpha + 1$		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAI	ND 21201	
1		11328 CERTIFICATE OF DEATH	1173	6
= 1		DECEASED-NAME First Middle Lost Zo DATE OF DEATH		2b HOUR
	(	(Type or print) IRvin C Fuhrman aug N	Ionth 3 Day / Hogr	7:01-M
	3. 5	SEX 4 RACE S DATE OF BIRTH 6 AG		F UNDER 24 HRS
ecuted within 24 hours after of pletely filled in by the forest arban papers. Pages y event, within 72 hours after	_	male 10 me 11/15/ 1881	JO YRS.	HOURS M N
S. boul	cou	BIRTHPLACE (Stote or fore-gn 7b. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH		
24 lg		worall to sed US & WIDOWED DIVORCED Clears		Md.
elle gight	10.	CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, e-	of work done 12b KIND OF BU ven if retired ) INDUSTRY	ISINESS OR
rely wit		MAN Cheller hand When the Barrier	es Double	
uted hple e co e co	0dm	USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN 13a INSIDE CITY LIMITS? 13e STREET A President STATE And 13b. COUNTY Converses A A - V/4 ST YES A 10 13 A	/ _/	84
N ESE	14.	FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First	Middle	Lost
Se le	L	Theodore Fuhrman		
ne death certificate b attending physición permit. Then please ian, ar removal, and i		D. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (It yes give your or doins of service)  The security no in the service of the	Address	
Phy oval		Yes, no, or unknown) (It was give agric or dollars of service) 216-07-8320 MFS	11/2/1/	02-
ng r Th		18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c))	APPROXIMAL BETWEEN ONSE	E INTERVAL IT AND DEATH
ar r		PART I DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (0) - Frequency Rt Scape	was 4,090	IN
affe an,		DUE TO, OR AS A CONSEQUENCE OF	,	
t the sit of the state of the s		Conditions, if any, which gave (b). (b)		
tha by ran		stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF		
sicic ed ed al, c		last. (c)		
equires that the physician. signed by the burial-transit p		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 2	IRT I(o)	
ng en he l	z	1769		
The law ra attending has been se as the h priar ta	I E	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 206. IF YES, V	VERE FINDINGS CONSIDERED IN CERT	TIFYING
The law requires the attending physician. has been signed by se as the burial-trail the priar ta burial, cre	CERTIFICATION	YES NO NO CAUSES OF DE	ATH?	
are are			ort 1 or Part 2, Item 18.)	
Pital Pital of H	MEDICAL	GREATER CAUSE OF DEATH OF Month Doy Year (If either, notify medical examiner) P.M. 19		
O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be-executed within 24 hours after death Page 4 may be retained by the hospital or attending physician.  O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remains carbon papers. Pages shauld be filed with the State Dept. of Health priar ta burial, cremation, ar removal, and in any event, within 72 hours after death	¥	21d INJURY OCCURRED White Not white of wark  21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)  21f. LOCATION Street or R.F.D. No. (Ity or Towns of work)	vn County	State
DING by th (fter ti be de State		220   certify that (1) (this basaital) attended the deceased from	5/ 19/2 1 that f	H-fount last
d b Aff		22a. I certify that (1) (this haspital) attended the deceased fram 1960, 10 Curs and that in (ny) (aur) apinian death accurs to the deceased alive an Clark 3 0 1965, and that in (ny) (aur) apinian death accurs	ed an the date and haur of	id from the
Self and the self	1	cosses stated above (if (we) talay (aid not) view life bady after death.		
OR ATTENDING be retained by 1th DIRECTOR: After 1 je 3 shauld be d ed with the State		22b. SIGNATURE WILL From DEGREE PHYS.  DEGREE PHYS.  DEGREE PHYS.  DEGREE PHYS.	F 22c. DATE SIGNED	1.3
y be		DEGREE PHYS. DIRECTOR PHYS.  22d PHYSICIAN'S 22e. ADDRESS	0/3/6	<del></del>
O HOSPITAL OR ATTENE Page 4 may be retained O FUNERAL DIRECTOR: A director, page 3 shauld shauld be filed with the	L	NAME (Type) VV. IT - U Ard up NiAnchest	7 - Md 211	02>
HO.	230	BUR AL CREMATION, 23b DATE 23r NAME OF CEMETERY OR CREMATORY 23d LOCATION (City	or Townh (County)	(State)
5 5 5 2 7	1	13 MOVAL (Specify) 9/3/68 Manchesty (emetery Genchest	In Mod (Cerril	10
VR A15 (4)	24.	FUNERAL DIRECTOR 25 9 FINOS SS FIGURES 25 RECD BY REGISTRAR 25	REGISTRAR'S SIGNATURE	
30M REV 1/68		W. V. January & January & 1900	franklas Judge	



] ]			nivicio				AKIMENI UF		/IAND 2120	1		
FOD CTATE		11324	DIAIDIO				N STREET, BALT				449	37
FOR STATE	1.0	THE CITY	Firs				ERTIFICATE	OF DEATE			- e w	0 1
HEALTH DEPT.		(CEASED-NAME ype or Print)		•	Midd	•	Last		20. DATE KN OF E	2 PI	,	Year 25 HOUS
ay s 3 ta Page int af			JAN		ETH		GOODWY		DEATH M	ATED 🗌 🧿	20	1968
delay s and 3 ta M3. Page	3 51		I. RACE	S DATE OF BIF		6 AGE (In years last birthday)	MONTHS DAYS	HOLRS MIN		DOWNCED DEAD	Year	2d HOUI
		emale	White	10-5-41		110			Aug	st 20 Day	780	968 9:10
	Zo I	IRTHPLACE (Stote		76 CITIZEN OF WE		1	RRIED NEVER MAI	******	JUNTY OF DEAT	H		
d's		Texa		U.S.A.					Carroll			M
death e Page with f		ITY OR TOWN OF					V (if not in hospital			nd of work dane		OF BUSINESS OR
TO >	L.,	Sykesvil		<b>48</b> p	ringfie	ld Stat	e Hospita		Unk.	, even +f retired )	INDUSTRE	
4 - 0 -		USUAL RES DENCE	(Where deced	sed lived, if not to	ition: Residence	before 13c. CITY	2	IN INSIDE CITY FIN 125	13e STREET /			
18 18 18 2 W Z W	0	imiss onj State	aryland	130 COUNTY	ntgomer	y Silv	er Spring		9709	Lorain	Ave.	
trem I office office office of office office of office of office of office of office office office office of office office off	4 F	ATHER'S NAME	First	Middle		Last	IS. MOTHER'S MAIL			Middle		Lost
			Frank		G	oodwyn		El:	izabeth	Ethel	M.	iller
hin 24 noil in pages hours	160.	NAS DECEASED EVE	R IN U.S. ARMED		16b SOCIAL SEC	JRITY NO.	17. INFORMANT			ADDRESS		
Examine Examine F le pag	('	es, no, or unknown	(IT yes give	war or dotes of service)	Unk		Records.	Springf	ield St	ate Hosn	pital	
				ily ane cause per l	ne far (a), (b), o	nd (c).)					APPE	ROXIMATE INTERVAL EN ONSET AND DEATH
d be executed "pending" in Chief Medical E transit permit. E		PART I DE	ATH WAS CAUSE IMMEDI	D 8Y ATE CAUSE (a)	sphyxia							
exe indi Me mt		111			AS A CONSEQUE							
the inef		Canditians, if an			bstruct	ion of	the brone	chial sv	stem by	food		
world world the Ch nal tro		stoting the und		DUE TO, OR	AS A CONSEQUE	NCE OF						
2 * = = =		last. 1921	8	(c)								
D ± + D		PART 2 OTHER SI	GNIFICANT CONI	DITIONS CONTRIBUT	ING TO DEATH B	UT NOT RELATED	TO THE TERMINAL D	ISEASE OR COND.T	ION GIVEN IN PA	ART I(a)		
	22"	Schizop	hrenic	reaction	, catat	onic ty	pe					
is certificate e, writing th farwarded t e used as a remaval, and	CERTIFICATION	19a DATE OF OPI	ERATION			FOR WH (H OP	ERATION				20 A	LTOPSY?
2 4 P P	TIFIC				WAS PERFO							ES NO
R: Thi ertificati uld be s. auld be an, ar r		210 EXTERNAL CA	USE WAS	216 TIME OF	INJURY Manth, D	ay, Year	TIC HOW INJURY OF	CURRED (Enter not	ture of injury in	Port 1 or Part 2,	Item 18)	-
	MEDICAL	PRIMARY OR CAUSE OF DEATH	CONTRIBUTING	HOUR A.	m. M 8 <b>-</b> 20	19 68	Choked o	n food				
sh sh 3 s	ME.	21d INJURY OCCU	RRED 21e	P. ACE OF INILIPY 7	At home form s	treet	21f LOCATION Street	or R F.D. No	City or 1	ídwn	County	State
EXAMINER: cute the cert age 4 shaul r yaur files. :Page 3 shau l, crematian		AT WORK AT	WORK S	pringfie	Id Stat	e Hospi	tal, Syke	esville.	Marvla	nd. Car	roll.	Marvl and
		22a. I c	ertify that I	aok chorae af t	he remains de	scribed abov	e, held an Auto	nsv 🔀.	spection [	, Inquiry	, and	in my opinia
CAL lor. P ed fo cror							Surcide [],			mined manne		,
irection of the state of the st		/	· 0.	0		7		EF MEDICAL EXAMI				
ior less and resident		ACTUAL SIGNATURE	レイノ	China	1810	1/10	1/ /	ISTANT MED CALE		22b. DA	TE SIGNED ,	10
OTY, ory, neral be be pe		EXAMINER'S	/	- 17 CF CF-	//			UTY MEDICAL EXAL		1_ 1	8-21/	68
O DEPUTY necessary, p the funeral 5 may be r 0 FUNERAL Health price		NAME (Type)	J Glen	n Speich	a/p, M.	D.		STEE HILL		Ortani	to	-Carro
TO DEPU necessor the fun 5 may 10 FUNE Health		BURIAL, CREMATI		DATE	J-f		OR CREMATORY		d Tocation (C		(County)	(SIAN)
	1	REMOVAL (Specify	1) 8-	-24-68	1 Par	klawn (	emetery			ckville	Mont	req
· .		ELINERAL D RECTO		lack 61				250 REC D BY R			S SIGNATURE	Judge.
VR ATSME (5)	bit	clark f.	141507c				S.S.Md:	DATE AUG	20 13	00	7700	0

) 145 ۹, •

		MARYLAND STATE DEPARTMENT OF HEALTH	
Michigan Inn.		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	1038
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	
HEALTH DEPT.	D	Type of Print)	Day Yeor 2h HOUR
lay is 13 ta Page ent of		CLARAZIVEZ AVERV GOUGE DEATH MATED 3-1	6 1868 PM
delay M3 Po	3 5	MONTHS DAYS HID ISS MILE	Year Zd HOUR
PM3	_	TR)	19 68 M
far far ate			Md. 126 KIND OF BUSINESS OR
Heath Pages 1, with farm	10. 0		NDUSTRY
	130	USUAL RES DENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN 13d MISIDE CITY LM-75? 13e. STREET AND NUMBER	
5 6 5 E	QI	odmission) STATE Md. 13b COUNTY Carroll Millers YES NO Rd. 1	
5 _ /0 _ 5/	14 F	FATHER'S NAME First Middle Last IS MOTHER'S MAIDEN WAME First Middle	Last
		Samuel Gouge Etta Young	CUST
d be executed within 24 d'pending" in pencil in l'Chief Medical Examiner's transit permit. File pages 1 y event within 72 haurs	Ióa.	WAS DECEASED EVER IN U.S. ARMED FORCES? [166, SOCIAL SECURITY NO. 17, INFORMANT ADDRESS	
d within in pencil Examine File page	(Y	(es no Monkingwn)   (Hyes give wet or dofes of service)   217-12-2581   Blaine Gouge Rd. 1 Millers, Me	d.
d with pe Exan Exan File in 72		18. CAUSE OF DEATH (Enter only one cause per line for (a) (1) and (1)	APPROX MATE MERVAL DETWEEN DUSSEL AND DEATH
be executed "pending" in the Medical Estansit permit. Fi event within		18. CAUSE OF DEATH (Enter only one couse per line for for (1) (1)) and (1))  PART I DEATH WAS CAUSED BY  IMMEDIATE CAUSE (0) A Colored World Mo God	Turkley
se execute "pending" ief Medica nsit permit		755 V DUE TO, OR AS A CONSEQUENCE/OF	7
be executed in the period in t		Conditions, if ony, which gave	
re Ch		rise to immediate cause (a), ( DUE TO, OR AS A CONSEQUENCE OF	
2 5 = := =		lost. (c)	
0 ± ±		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
ifica ting rdec as as	×	976×	
ins certificate to, writing the farwarded the used as a fremoval, and	CATIO	190. DATE OF OPERATION 19b. COND.T.ON FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
	CERTIFICATION		YES NO
두 등 은 이		210 EXTERNAL CAUSE WAS PRIMARY FOR CONTRIBUTING 21 HOW INJURY OF URITHER PORT 2, they Primary FOR CONTRIBUTING 1	El Mouth
NER: T certific hould b nles shauld	MEDICAL	CAUSE OF DEATH 3.38 PM 8-16 1968 4 REVERSE TREE GEL	
(AMINER: te the certi e 4 shauld vaur files age 3 shau crematian,	*	21d MIJURY OCCURRED 21e, PLACE OF INJURY (At name, to a street 21f LOCATION) Street on R F D No C. W at 15 way	County State
		AT WORK AT WORK TO PEDDY CO Millers Howe I'll Millers Ca	JODGEX HELX
ICAL E exect far. Pa ed for CTOR:(		220. I certify that I took charge of the remains described above, held on Autopsy, Inspection X Inquiry,	, ,
please e director retained.		death resulted from. Natural causes Accident , Suicide , Homicide , Undefermined monner	
director of the state of the st		ACTUAL ALTUAL SIDO SIDO CHIEF MEDICAL EXAMINER L	CALCO
		SIGNATURE MD ASSISTANT MEDICAL EXAMINER DECOMPS MEDICAL EXAMINER DECOMPS MEDICAL EXAMINER	7-16-68
DEPUTY DICAL EXPECTOR. Pog heressary, please executhe funeral director. Pog 5 may be retained for 7 5 FUNERAL DIRECTOR: Phealth prior to buried,		EXAMINER'S NAME (Type)  DEPUTY MEDICAL EXAMINER X  NAME (Type)	Sar. O
o DEPUTY necessary, the funera 5 may be 0 FUNERA	230		(County) Stores
	Bi	REMOVAL (Specify) urial  Aug. 19, 1968 Alesia Cemetery  Millers, Md.	Andrew C
		FUNERAL DIRECTOR ADDRESS 250 REC D BY REGISTRAR 250 REGISTRAR 5 SI	GNATURE
VR A15ME (5) 10M REV 1/68		Tipton - Eline Funeral Home Hampstead, Md. DATE AUG 20 1968 gclo	when Judge .
TOWNET TOO			0 0



MAKYLAND STATE DEPARTMENT OF HEALTH



1 1		11332 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
			1040
)	7a, B count 10, C	CERTIFICATE OF DEATH  CEASED NAME Type or print)  A. RACE  A. RACE  S. DATE OF BIRTH  COUNTRY?  B. MARRIED  DIVORCED  P. COUNTY OF DEATH  WIDOWED  DIVORCED  120 DATE OF DEATH  Month  Doy  MONTH  POP  MONTH  DOY  MONTH  DOY  MONTH  111 NAME OF HOSPITAL OR INSTITUTION (If not in hospito)  Byte street oddress)  DIVORCED  120 DSUAL OCCUPATION (Kind of work done gyge street oddress)  U. S. A. WIDOWED  111 NAME OF HOSPITAL OR INSTITUTION (If not in hospito)  DIVORCED  120 DSUAL OCCUPATION (Kind of work done gyge street oddress)	Yeor 20 HOUR 20 M
Į.	14. F	FATHER S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle	Lost
		Theorem 1). Horbace 1. Horbace Busan Isabella, Was Deceased Ever In J. S. ARMED FORCES? [6s, no, or unknown] (I yes give wor or dates of service)  16b. SOCIAL SECURITY NO 17. INFORMANT Address  215-26-1043 Mars Korthania Hanbruch Box 6	elking
)		The Cause of Death (Enter only one couse per fine for (a), (b) and (c).)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if ony, which gove rise to immediate couse (a), but to immediate couse (b). DUE TO, OR AS A CONSEQUENCE OF  DUE TO, OR AS A CONSEQUENCE OF	APPROXIMATE THE LEWEL BETWEEN ONSET AND DEATH
	CERTIFICATION	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)  196. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206 AUTOPSY?  YES NO CAUSES OF DEATH?	ERED IN CERTIFYING
	MEDICAL CERTI	210 ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 1 OF either, notify medical examiner) P.M. 19	B.)
	L		unty State
		220. I certify that (I) (this haspital) attended the deceased fram	
		22d. PHYSICIANS NAME (Type) SOHINS HARSHEY ND. 22e. ADDRESS & Quechon St Westmenite	Lund
^		REMOVAL (Specify) 8/8/68 Int Hope Librals Arro. Interpretation of the specific	unty) (Stote) LEDI TWO
		J. C. Bartin, Walkersville, mg. DATE AUG. 9 1968 Jelione	as judge





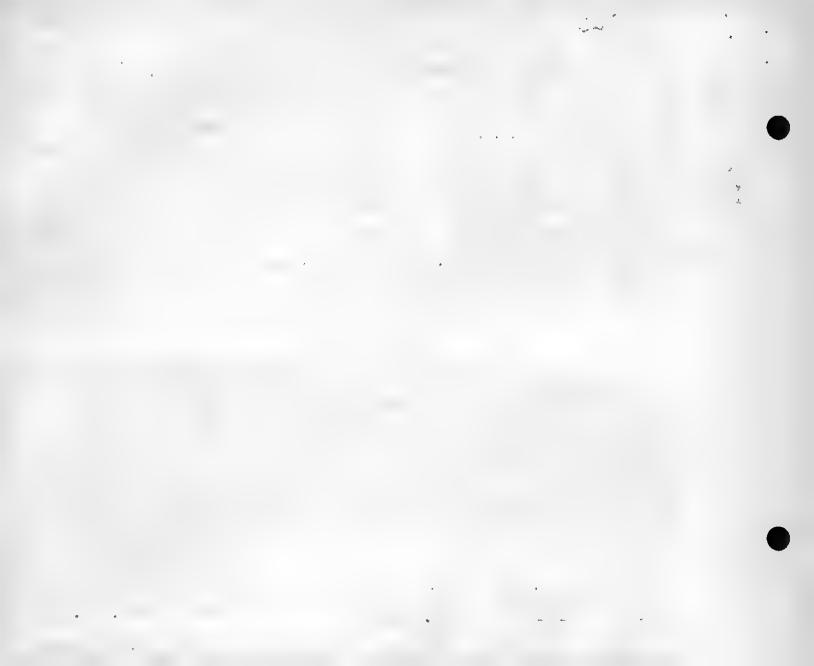


MAKTLAND STATE DEPAKTMENT OF HEALTH

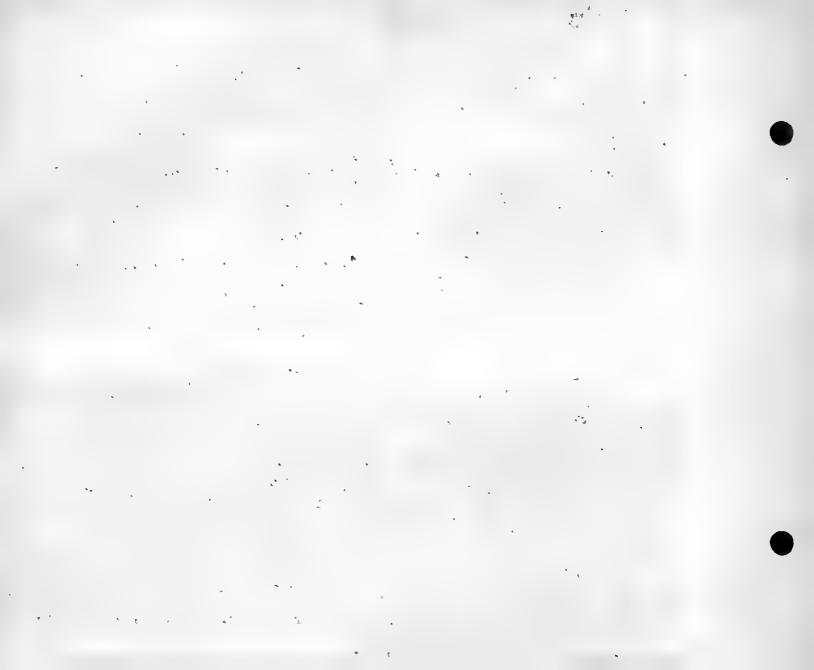


1		11336		CORDS, 301 W. P	RESTON STREET, BALL	TIMORE, MARYLAND 21201	11744
deoth herot ond 2 death.		CEASED-NAME Firs	Brogden Harv		Lost	20. DATE OF DEATH  8-7-68  Manth  Do	Yeor 2b HOUR 3:00aM
F TELES	3. Si		4 RACE White		S. DATE OF BIRTH	6. AGE (In years	IF UNDER YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
The hours	7a. ! cour	BIRTHPLACE (Stote or foreign Maryland	76 CITIZEN OF WHAT COUNTRY	8. MARRIED WIDOWED	X NEVER MARRIED	9. COUNTY OF DEATH Carroll	Md.
e executed within 24 ond completely filled remove corbon page n ony event, within 2	10 (	TY OR TOWN OF DEATH	give street gddress	ial or institution (if i	Hospital during n	IAL OCCUPATION (Kind of work done nost of working life, even if retired) By ator Constructo	12b. KIND OF BUSINESS OR INDUSTRY
s executed with	adm	ssion) STATE Maryland	Ised liver, if institution, Residence (3b. COUNTY Balto, 6	e before   13c (1TY OF	TOWN 134 INSIDE CTY	IMITS? 130 STREET AND NUMBER 10 532 Overbroo	
be exc in ond in ond is seriem	]	ATHER S NAME First **EXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	Middle ene H <sup>A</sup> rwood			inces	Lost
rrificote physicie en pleo ovol, an	16a.	NO	wat or detes of service) 578-	-07-8131	NFORMANT Springfield	Address St. Hospital Rec	ords
leath ce ending mit. Th		18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS IMMED	nly ane couse per line for (o), (b) ED BY IATE (AUSE (o)	e leral	I thron	n bosis	BETWEEN ONSET AND DEATH
requires that the death certificate be executed within 24 hours g physician.  I signed by the attending physician and completely filled in the burnol-transit permit. Then please remove carbon papers. Po burnol, cremation, or removal, and in any event, within 22 hours.		Conditions, if any, which gove rise to immediate couse (o),	(D)	Gest	Enforcio:	scleros's	}
ires th ysician. ped by rrol-tra		stating the underlying couse lost	(c) There	era Liz	70	issclam's	
w required photograph	NO.		INDIT ONS CONTRIBUTING TO DEAT			20b. F YES, WERE FINDINGS (	CANDIARDED IN CENTIFYING
: The Ich and a straight of the straight of th	CERTIFICATION	210. ACCIDENT WAS UNDERLYI			YES X NO	CADGEC OF BEATUR	
SICIAN spital continued for the form of Heer forms.	MEDICAL (	OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. Month Do	Year 19			
FENDING PHYSICIAN ined by the hospital of the certificat sher this certificat old be defactled for the State Dept. of Hec	1	of work of work	PLACE OF INJURY (AT HOME FARM OFFICE BUILDING				
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires the Poge 4 may be retained by the hospital or attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached for use as the buriol-transhould be filed with the State Dept. of Health prior to buriol, cre-		saw the deceased causes stated above	alive an <u>8-7-68</u> re, (I) (we) (did) (did nat) vi	ew the bady after	d that in (my) (our) op death.	inian death occurred an the d	, that (I) (we) last ate and hour and from the
OR AT DIRECT OR 3 shifted with		276 SIGNATURE	V. Pieni	C7 ' DEG	REE PHYS. L.	MED STAFF 22C	DATE SIGNED 7/68
TO HOSPITAL OR Poge 4 moy be r TO FUNERAL DIRE director, page 3 should be filed v		22d. PHYSICIAN S NAME (Type) GPA		TRIGO		eld St. Hosp. Syl	
Foge direct shoul	L	and the state of t	DATE 23c. 1	NAME OF CEMETERY OR OAKLAWN ADDRESS		23d. LOCATON (City or Town)  Baltimore C  BY REGISTRAR 25b. REGISTRAR	
30M REV 1	ZH	Mitchell-Wied	efeld Home, Inc. Baltimore	Md	DATE A	U69 1968 PC	arles Judge





MARYLAND STATE DEPARTMENT OF HEALTH 11335 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 1346 CERTIFICATE OF DEATH Middle Last 1 DECEASED-NAME First 2a. DATE OF DEATH 2b. HOUR (Type or print) HUMBERT ESSIE 4 RACE 3 SEX S. DATE OF BIRTH 6 AGE (in years IF LINDER 1 YEAR ofter lost birthday) MONTHS DAYS HOURS filled in by 24 haurs 70 BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED I physician. signed by the attending physician and completery messigned by the attending physician and completery messigned by the attending the please remove carbon papers. WIDOWED 154 DIVORCED [ TO CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (if not in hospital give street oddress) / 280 120. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working ife, every if retired ) NUTSING HOME 130 JSJAL RESIDENCE (Where deceosed lived, if institution, Residence before admission). STATE 136 COUNTY 13c CITY OR TOWN 3d. INSIDE CITY LIMITS? 13e, STREET AND NUMBER ecuted NO 14. FATHER'S NAME Middle Lost IS. MOTHER'S MAIDEN NAME First law requires that the death certificate be 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO Address (If yes give war or dates at service) Yes, no, or uplatown) APPROX MATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Conditions, if any which gave ; rise to immediate cause (o), DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the haspital ar attending physician. stoting the underlying cause last. 42 77 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) use as the lath prior to t this certificate has been 20g. AUTOPSY? 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES cture 215. TIME OF INJURY 21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) ō HOUR AM If either, not fy medical examiner) ( AT HOME FARM, STREET, FACTORY, ) 211 LOCATION director, page 3 should be detache should be filed with the State Dept. 21e PLACE OF INJURY Street or R.F.D. No. City of Tawn County ENWR O FUNERAL DIMECTOR: After 22d. I certify that (1) (this haspital) attended the deceased from 3-23-68, 19 1968 , that (1) (we) lost sow the deceased alive on \$ 27 1968 and the courses stated above, (I) (we) (did) (did not) view he body after death .1968, and that in (my) (our) opinion death occurred on the date and hour and from the 22b SIGNATUE 22c DATE SIGNED MED, DIRECTOR ATTENDING PHYS STAFF PHYS. DEGREE 22e, ADDRESS 22d. PHYSIAIAN S BURIAL (REMAT ON, REMOVAL (Specify) BURIAL NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23b DATE (County) Nr. Taneytown, Carroll Co. 8/30/68 Baust Church Cemetery 250. REC'D BY REGISTRAR 1968 UNERAL DIRECTOR ADDRESS Littlestown, Pa. DATE



19 1 3	1	국 선 및 및 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DEPT.		DECEASED NAME First Middle Lost 2a. DATE KNOWN Month Doy Year 2b HOUR
de de to		Type or Print) WILBUR LEYINE JACKSON OF ESTI- DEATH MATED 5-6- 1968 5-2 M
delay and 3 A3. Pag	3. 5	lost heathdress MONTES DAVE MOURE MAN
y delay is PM3. Page	1.	1772 11 H17E NOV. 24 1917 50 YRS
E 64 00 00 00 00 00 00 00 00 00 00 00 00 00	7a	BIRTHPLACE (Stote or foreign 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 COUNTY OF DEATH
farm farm	100	MARYLAND U.S.a. WIDOWED DIVORCED & CARROLL C.D. Md
death e Pages w.th far	10	CITY OR TOWN OF DEATH  11 NAME OF HOSPITAL OR INSTITUTION (If not in hosp to during most of working life even if retired.) INDUSTRY
fer de Give 1 ang w th the ith.	M	TSTMINSTER MAIN AND JOHN STS. MECHANIC ELECTONTROLS
alang with the		US.A. RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN 130 INSIDE CITY LIMITS? 13e STREET AND NUMBER FACTORY
in	-	MANTANA CIKROLL WESTIMAS IEDIS - NO JUHAN STS.
hours Item 18 Office Office offer d	14,	FATHER'S NAME FIRST Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Lost
24 n l ris (		BENJAMIN F. JACKSON ETHEL A. THYLOR
within 24 pencil in xaminer's ile pages 72 hours		WAS DECEASED EVER IN U.S. ARMED FORCES?  (bs. no por unknown) (If yas give were in doins of service)  718-07-5136 man Bornetta 5- Daylor 1
with the Exam		TES VIVE WESTERN E MAN TO THE TEST OF THE
executed vanding" in Medical Ex		18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (s)) PART I DEATH WAS CAUSED BY:
be executed "pending" is nief Medical ansit permit.		IMMEDIATE CAUSE (a) William Contraction The aut William 5 6 yrs
Tonsit p		Conditions, if ony, which gove ) DUE TO, OR AS A CONTROLLENCE OF Chronic Circles 3-44-29
transit		rise to immediate couse (a), (b)
5 2 2 5		stoting the underlying couse DUE ID, OK AS A CONSIQUENCE OF
the short the value of the		PART 2 OTHER SIGNIFICANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDIT ON GIVEN IN PART 1(0)
o so		AND 2 OFFICE SIGNIFFICANT CONDITIONS CONTRIBUTION TO DESCRIPTION OF THE TERMINAL DISEASE OR COMPUT ON GIVEN IN PART 1(0)
certificat , writing arwarded arwarded as c moval, ar	NOIT	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION 20. AUTOPSY?
the writher writing farward a be used a removal,	CERTIFICATION	WAS PERFORMED?
This ficate, be fa d be u		216 EXTERNAL CAUSE WAS 216 TIME OF INJURY Month, Doy Year 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, item 18)
NER: T certifica hauld ba lles. shauld rtian, ar	MED.CAL	PRIMARY OR CONTRIBUTING HOUR A.M CAUSE OF DEATH P M 19
	MEC	21d INJURY OCCURRED 21e, PLACE OF INJURY (At home, form, street, 21f LOCATION Street or R.F.D. No. City or Town County Stote
SICAL EXAMINER: lease execute the cert director, Page 4 shoul stained for your files. DIRECTOR: Page 3 shou		WHILE ON NOT WHILE OF TOCTORY, Office building, etc.)
JICAL EXA please execute director, Page estained for you DIRECTOR: Pag or to burial, cre		22a   certify that I taak charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion
ICAL E exector. Pare for ed for CTOR: burriol,		death resulted fram: Natural causes Accident , Suicide , Hamicide , Undetermined manner
please e director.  DIRECTOR	1	CAOCA CHIEF MEDICAL EXAMINER
DIA TO DIA		SIGNATURE PREVIOUS PREVIOUS M.D. ASSISTANT MEDICAL EXAMINER (226 DATE SIGNED)
D # 9 4 E		EXAMINER'S DEPLTY MEDICAL EXAMINER DEPLTY MEDICAL EXAMINER
ro DEPUT necessary the funer 5 may be ro FUNER. Health		NAME (Type)
5 = + ~ 5 ±	230	BUR AL, CREMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Start)
		3 URINE 18 STORE CHARGIL MEM GARDENS FINKS BURG CHARGIL ME
VR ATSME (5)	74	FUNERA DIRECTOR 250 REGISTRAR 250 REGISTRAR 3 SIGNATURE AUG 8 1968 KLASTAR SIGNATURE AUG 8 1968
104 act 1740 A	1 4	DATE AUG O IDOP

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH



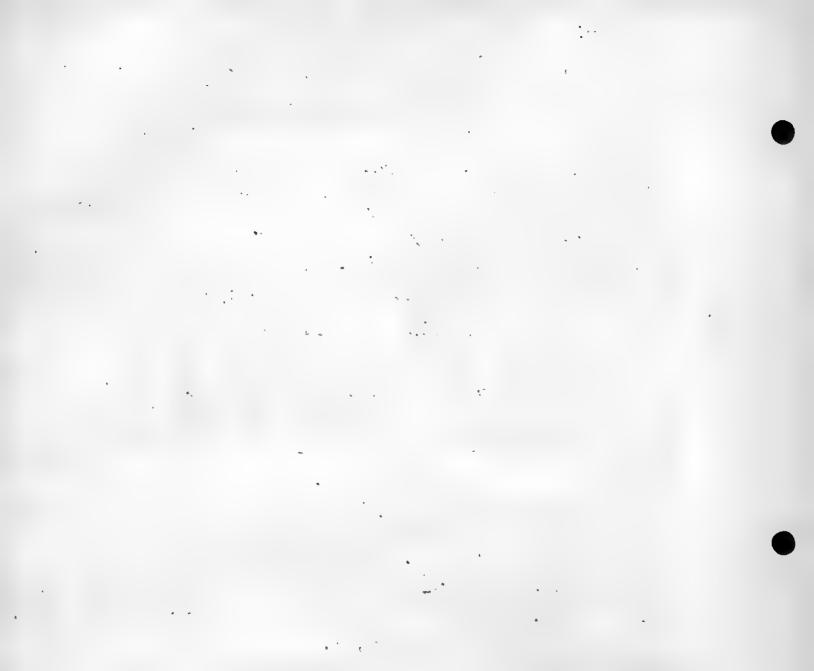


	30	MARYLAND STATE DEPARTMENT OF HEALTH	•
1		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	1250
		CERTIFICATE OF DEATH	
		ECEASED-NAME First Middle Lost 2a. DATE OF DEATH Month Day	Year 9 ( S 5 F M
the fundages its after	3. SI	S. DATE OF BIRTH  4. RACE  1. LET R  S. DATE OF BIRTH  1. LET R  6. AGE (in years lift und honths)  Amount R  Amount	DER I YEAR IF JINDER 24 HRS IS DAYS HOURS MIN.
hauri in by rrs. p	7a 1	BIRTHPLACE (State at fareign 7b. CITYZEN OF WHAT BOUNTRY? 8 MARRIED NEVER MARRIED ? 9. COUNTY OF DEATH WIDOWED DIVORCED ? 9. COUNTY OF DEATH WIDOWED DIVORCED	Md
	10, (	11 NAME OF HOSPITAL OR INSTITUTION (If not in haspyal during mast at working, ife, even if retired).	KIND OF BUSINESS OR DUSTRY
unted with ampletely ve carbon event, will		USUAL RESIDENCE (Where deceased lived, if institution, Residence before, 13c, CITY OR TOWN VISS NO PROPERTY LIMITS? 13e, STREET AND NUMBER VISSION) STAY OAR VIAN 13b. COUNTY CARROLL ARROWS NO PROPERTY LIMITS?	
and co	14	FATHER'S NAME RYST BERT 2 Lost NES IS MOTHER S/MAIDEN NAME FIRST MIDDLE MIDDLE AND ARY MIDDLE TO THE STATE OF	DORTEU
The law requires that the death certificate be executed with attending physician. has been signed by the attending physician and camplefely se as the burial-transit permit. Then please remave carbox in priar to be may event, with priar to be and in any event.		WAS DECEASED EVER IN U.S. ARMED FORCES? (es, no, or unknown) (If yes give wor or dates of service) 2/8-52-480755. S. HOSP. ta/ RECORDS	SYKESK: 11
th cert ling pl		1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
e dea affenc an, ar		4100 IMMEDIATE CAUSE (a) VI GOTT CALLE CIA FALCOM  DUE TO, OR AS A CONSEQUENCE OF	Shants
hat th J. y the prosit pemati		Canditions, if any, which gave nse to immediate cause (a).  (b) Care accepted  DUE TO, OR AS A CONSEQUENCE DE	years
equires that the death certifi physician. signed by the attending phy burial-transit permit. Then b≡rial, crematian, ar remava		lost 1/2 (1) HYALB.P.	Jeans.
v requing phone signer signer to be	×	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)  CBS Ceye BRA PARTERIOSCIEPOSIS & Behaviora / Rec	ection.
: The law requires th ir aftending physician. e has been signed by use as the burial-trai uth priar ta b≡rial, cre	CERTIFICATION	190. DATE OP OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDER CAUSES OF DEATH?	RED IN CERTIFYING
ICIAN: The law repital ar attending rificate has been defar use as the af Health priar ta	MEDICAL CER	21a. ACCIDENT WAS UNDERLYING   21b. TIME OF INJURY   21c. HOW INJURY OCCURRED (Enter nature of injury in Part I or Part 2, Item 1)  OR CONTRIBUTING   CAUSE OF DEATH   HOUR A.M. Manth Day Year   19  (If either, natify medical examiner)   P.M.	B.)
Page 4 may be retained by the haspital ar  O FUNERAL DIRECTOR: After this certificate director, page 3 shauld be detached for us shauld be filed with the State Dept of Healt	James 1	21d. INJURY OCCJERED While Not while at work at work	inty State
TENDING ined by the TREAT TREAT THE TREAT THE TREAT THE TREAT THE STATE THE STATE		22a. I certify that (i) (this haspital) attended the deceosed from 5 - 19 5, ta 19 5, ta 19 5, ta 31, 19 5, saw the deceased glive an 19 5 and that in (my) (our) opinion death occurred on the date an	that (I) (we) last
A ATTENI retained ECTOR: A 3 shauld with the		couses stated obove, (1) (we)(did) (did nat) view the bady after death.  225. SIGNATURE 226. DATE S	
PITAL OR may be ramay be ramay be ramay be ramage 3 be filed w		DE AGENTI COCCUMINIO DEGREE ATTENDING DIRECTOR DIRECTOR PHYS. 220 ADDRESS.	31/60
TO HOSPITAL Page 4 may TO FUNERAL I director, pag shauld be fil		NAME (Type) Sergio M. PALACIO. M.D. S.S. HOSPIJAI, SYA	esvilles
TO HOSP Page 4 1 TO FUNE director, shauld I	23a	REMOVALISPECTY 9-4-1968 MT. ZION CARROLL	MARY/ARA
VR A15 [4] 30M REV 1/68	24	FUNERAL DIRECTOR 250. REC'D BY REGISTRAR 256 REGISTRAR'S SIGNA MAITZ ROX241. Sylvesivile. Md DATE SEP 4 1968 general	Juegge .

1/1

1	1		DIVISION OF			PRESTON STREET		LTH RE, MARYLAND 21201	2235	1
		11343	511131011 01			ICATE OF D		nt, mailting 21201	who also it to	.d.
funeral and 2 er death.		CEASED-NAME First ype or print) FREDE	RICK	Middle RAYMOND	)	Lost KRIXER		DATE OF DEATH Month Doy	Yeg 68	2b. HOUR
s lur	3 5		4, RACE	_		S. DATE OF BIRTH		6. AGE (In years lost birthday)		IF UNDER 24 HRS
	_	Male		nite	*	03/06		68 YRS.		
	70 1 coul		76. CITIZEN OF W	A	WIDOWI	Lamped .	TO REEL	Carroll		Md.
Sndold De filed with the State Dept. at neglin prior to Duffol, deficultur, at remayal, and in any event, within	6	TY OR TOWN OF DEATH Sykesville, Mar	yland give	AME OF HOSPITAL OR INST street oddress) Springfiel	d St	ate Hosp.	during most of	CUPATION (Kind of work done working afe, even if retired)	12b KIND OF B	USINESS OR
30	13o odm	USUAL RESIDENCE (Where deceose ission) STATE Mary Land	land byed if institution 13k. COUNTY	tion, Residence before	13c CITY	OR TOWN 13d	ES NO	13e STREET AND NUMBER 805 W. 38th S	street	
+ -	14.	ATHER'S NAME First	Middle	Lost		IS. MOTHER'S MAID	EN NAME First	Middle		Lost
		John		Krixe			Mary		Steino	ur
	160 1	WAS DECEASED EVER IN U.S. ARM (es, no, or unknown) (If yes give we	ED FORCES? or or dates of service)	166 SOCIAL SECURITY N 215-18-90		7 INFORMANT Hospit	al Reco	Address		
		18 CAUSE OF DEATH (Enter only	y one couse per li	ine for (a), (b), and (c).)						SET AND DEATH
		PART I DEATH WAS CAUSED IMMEDIA	BY TE CAUSE (0)	Bronchopn	eumo	nia			day	5
Ē		4369	DUE TO, OR	AS A CONSEQUENCE OF						
		Conditions, if ony, which gave ) rise to immediate couse (a),	(b)	cerebrova	scul	ar accide	nt		day	3
		stoting the underlying couse		AS A CONSEQUENCE OF						
		lost		generaliz				THOSE CONTRACTOR DADY 1/-)	yea	<u>rs                                    </u>
	_(	PART 2. OTHER SIGNIFICANT CON BS assoc. with							chotic	reacta
	CERTIFICATION			HICH OPERATION WAS PER		200 AUTOPS		20b. IF YES, WERE FINDINGS CO CAUSES OF DEATH?	ONSIDERED IN CER	TIFYING
	CERTII	21o. ACCIDENT WAS UNDERLYING	G 216 TIME O	DE INIURY	216			re of injury in Port I or Port 2, 1	tem 181	
	MEDICAL	OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. er) P.M.	Month Doy Yeor						
	2	at work of work		( AT HOME, FARM, STREET FACE OFFICE BUILDING ETC.				City or Town	County	Stote
		220 I certify that (1): (this saw the deceased all	s hospitoly of	anded the decease	d from_	und that in (Missa	, 19	, ta <u>. 8/14/68,</u> 19. death accurred on the da	, that a	t) (we) last
		causes stoted above	(N) (we) (did)	্ <b>টেটি</b> মিটা) view the b	ody aft	er death.	(aar) aprillan			in indiii iiic
		22b Signature	5 icha	Ozgani.	Di	ATTENDING PHYS	MED DIRECT	OR STAFF 22c 8	DATE SIGNED	
1		22d. PHYSICIAN'S NAME (Type) Suh:	a Ozgun,	M.D.		22e ADDRES		1 State Hosp.		,
	230	BUR AL, CREMATION, 23b. 0 REMOVAL (Sponty)	ATE 15 18	23c. MAME OF C	EMETERY		230	GLOCATION (City or Town)	(County)	(State)
Ser. C	24.	FUNERAL DIRECTION	4 Seits	814W30	o sh	17 2	SO, REC'D BY REC	1 9 19 58 REGISTRA	SIGNAL RE	sge.





<u> </u>	11345		RTIFICATE OF DEA		11353
ľ	DECEASED-NAME First (Type or print)	Middle Talendon	Lost	AUGUS T 22. 1	2b. HOUR 7:00 <sup>A</sup>
3	EV ERET'	race WELLINGTON	LEACH Is, date of birth	AUGUST 22, 1	.900 [7:00 M
3 .	Male	White	2-16-1		MONTHS DAYS HOURS MIN
100	intry)		MARRIED X NEVER MARRIED DIVORCED		
	CITY OR TOWN OF DEATH	II. NAME OF HOSPITAL OR INSTIT	UTION (If not in haspital 12a	S USUAL OCCUPATION (Kind of work done	Md 12b KIND OF BUSINESS OR
	Sykesville	Springfield S	tate Hospital	ring most of working life, even if retired Railroad Engineer	) INDUSTRY
13 ad	u USUAL RESIDENCE (Where deceased li- nission) STATE Maryland		Brunswick YES	ok CITY LIMITS? 13e STREET AND NUMBER 525 W. Poto	mac St.
14	FATHER S NAME First	Middle Last	15. MOTHER'S MAIDEN N	NAME First Middle	Last
	Wade	Leach		Florence	Mohler
16	U. WAS DECEASED EVER IN U.S. ARMED F	ORCES? 16b SOCIAL SECURITY NO	17 INFORMANT	Address	
	Yes, no, ar unknawn) (11 yes give war or d	705-12-299	2 Records, S	<u>pringfield State Ho</u>	spital
	18 CAUSE OF DEATH (Enter only on PART I, DEATH WAS CAUSED BY:	e couse per line far (a), (b), and (c))			BETWEEN ONSET AND GEATH
	IMMEDIATE (	AUSE (o) Uremia			Days
	4	DUE TO, OR AS A CONSEQUENCE OF			**
١	Canditions, if any, which gave ) rise to immediate cause (a), (	(b) Nephroscler	osis		Years
П	stating the underlying cause	DUE TO, OR AS A CONSEQUENCE OF			
ı		(c)	PELATED TO THE TERMINAL DISEA	SE OP CONDITION GIVEN IN PART 1/a)	
1.	441	JIS CONTROVING TO DEATH BUT NO.	KEEPING TO THE TERMINAL OF SEA	DE ONCONDITION OF EIT IN THAT I (U)	
CEDINGRATION	190. DATE OF OPERATION 196. COND	OITION FOR WHICH OPERATION WAS PERFE	DRMED 20a. AUTOPSY?		CONSIDERED IN CERTIFYING
1300			YES 🗀	HO CAUSES OF DEATH?	
		216 TIME OF INJURY	21c. HOW INJURY OCCURRED	(Enter nature of injury in Part 1 or Part 2	2, Item 18)
MEDICAL	(If either, natify medical examiner)	HOUR A.M Month Day Year P.M. 19			
177	21d INJURY OCCURRED 21e PLAC While Not while at wark all wark	E OF INJURY ( AT NOME, FARM, STREET, FACTOR OFFICE BUILDING, ETC.	2.f LOCATION Street or R.I	FD Na. City ar Town	County State
ı	22a. I certify that (I) (this he	ospital) attended the deceosed on 8-22-68	from 7-24-68	.,19, to <u>8-22-68</u> _, 1	9, that (I) (we) lost
L	saw the deceased alive	(we) (did) (did nat) view the bo	, and that in (my) (&	apinian death accurred on the o	date and have and from the
Н	22b. SIGNATURE	(we) (did) (did fidi) view file bo		22	c. DATE SIGNED
Н	Jose G	- Carriel h.	DEGREE PHYS	DIRECTOR PHYS	8-22-68
Ł	22d. PHYSICIAN \$/		22e. ADDRESS	Springfield State H	
	NAME (Type) Jose A.	Raquel, Jr., M.D	e	<u>Sykesville, Marylan</u>	d 2178L
23	BURIAL, CREMATION 236 DATE		METERY OR CREMATORY	23d LOCATION (City or Town)	(County) (State)
	REMOVA Specify 8/21	68 Hage III	11 Cemetery	Charles Town RECD BY REGISTRAR 256 REGISTRAR	Jeff. W. Va.



10	x 1	1		MARYLAND STATE DEPARTMENT OF HEALTH  1 2 4 5 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
X	FOR ST	ΔTF		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	11354
	HEALTH			DECEASED NAME First Modifie Lost 2c DATE KNOWN [7] Month D	Day Yeor 2b HOUR
	209	*6	(1	(Type or Print) EDITH SICILY LEWIS DEATH MATED _ Chug.	2 1968 1230 BM
	1 3 1 Pag	ment .	3. SI	SEX 4. RACE S DATE OF BIRTH 6. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS 2c DATE PRONOUNCED DEAD	2d. HOUR
	ny delay is , 2, and 3 to p. P.M.3. Page	E		Female White 8-16-01 66 YRS MONTHS DAYS HOURS MIN MONTH DOY	Yeor 1968/2305 M
	, 2, P	Depart		BIRTHPLACE (State or foreign 76. CITIZEN OF WHAT COUNTRY? 8. MARRIED COUNTY OF DEATH	
(	es 1 farm	0	(QJn	Maryiand U.S.A. Whome Divoket Carroll	Md.
	after death 8. Give Pages 1, along with farm	250			2b KIND OF BUSINESS OR
	g ve l	. #e	K .	Springfield State Hospital   Housewife	1003161
	afte 8. Gilalon	手	13a	USUAL RESIDENCE (Where deceased lived, if institution, Residence before 13c CITY OR TOWN 13d INSIDE CITY I MITS? 13e STREET AND NUMBER admission) STATE 18 COUNTY 13642 Malden Ave	
	hours of term 18. Office al	20	14.5	narytano parcinora City Dazezinora	
	hours Item 18	of te	19 F		Lest
i.	24 I in I er's	pages	I/m	Francis Grolock Keziah  WAS DECEASED EVER IN U. S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS	Stocksdale
Ť	wethin 24 n pencil in Examiner's			Yes, no, or unknown) (4 yes give wor or dotes of service) 218-01-4244 Records, Springfield State Hospit	7
	EXO P	File n 72		18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	APPROXIMATE INTERVA.
	executed anding" n Medical E	permit Fi		PART I. DEATH WAS CAUSED BY  IMMEDIATE CAUSE (a) Occlusion of both bronchi by aspiratedafood	PETWEEN ONSET AND DEATH
	exect ndin Med	ā +		14 13 9 DUE TO, OR AS A CONSEQUENCE OF	NILLIS .
	be 'pe	event event		Conditions, if any, which gave ) (b) Arteriosclerotic heart disease.	vears
	e de de	al-tra		Inse to immediate cause (a) ( stoting the under ying couse ( DUE TO, OR AS A CONSEQUENCE OF	0
	shauld e word o the C	<u>5</u> .⊑		(c) Hematoma right thigh.	weeks
	s certificate should be executed e, writing the word "pending" i forwarded to the Chief Medical	n Du		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(6)  Involutional psychotic reaction	
	certificate writing th irwarded to		NO.		Ton - (moneye
	cer , wi	removal,	ICATI	19a. DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY?
	This ( cate, be fa	man land	CERTIFICATION	21a EXTERNAL CAUSE WAS 21b. T ME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item	YES NO
	🖫 😕			PRIMARY OR CONTRIBUTING HOUR A.M.	1 10.)
	EXAMINER cute the cer age 4 shau	age 3 shau crematian,	MEDICAL	CAUSE OF DEATH P.M. 19 21d INJURY OCCURRED 21e PLACE OF INJURY (At home, form, street, 21f, LOCATION Street or R.F.D. No. City or Town	Caunty State
	Z = 4 =	Page		WHILE NOT WHILE I tactory, office building, etc.)	
	EXA ecute Page			22a. I certify that I taak charge of the remains described above, held an Autopsy 🗶 , Inspect on 💽, Inquiry 🗍,	and in my opinion
	6 X	DIRECTOR: P		deoth resulted from: Notural couses 🗷 Accident 📗 Suicide 🗍 Hamicide 🗍 Undetermined monner	
4	ease directe	<b>2</b> p		CHIEF MEDICAL EXAMINER	_
`	ع تے			ACTUAL MC (CONTER TO 28 28 ) ASS STANT MEDICAL EXAMINED : 226 DATE SI	GNED
	DEPUTY reessary, e funera			FYAMINERS M. C. Don't - Pi - M. J. Y. D.	. 2-68
	DEPUTY necessory, the funeral	FUNE Health		ADDRESS (SIGNER, SIGNER) STATE OF THE SIGNER S	
	<b>5</b> = 0	2 ±	23a	DEMOVAL (Specific)	County) (State)
			24	BURIAL 8/6/68 Formum Park Balla-Ba	GNATURE
	VR A	15ME (5)	12	Chewoulter 3615 Thesture Ave DATE AUG 6 - 1968 ACharl	a Indae
	10M	REV LOS	124	and the second	0 0

1 n

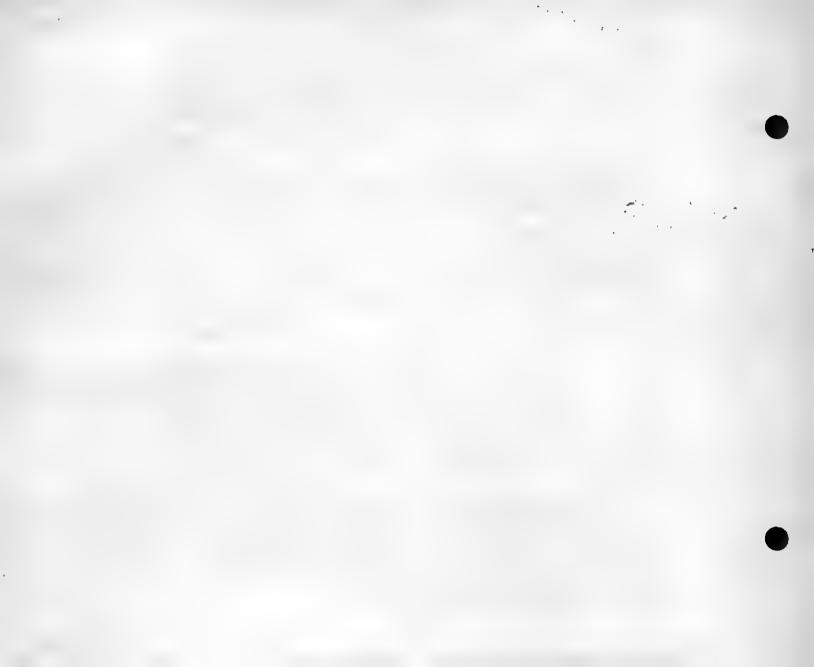




	,		MARYLAND STATE DEPARTMENT OF HEALTH	
-	1		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
,			CERTIFICATE OF DEATH	
	- CPALL .	1 0	CEASED-NAME First Middle Lost 20. DATE OF DEATH 2b. HOUR	,—
듄	हिंच हो	(1	ype of print) Mn Pt/ Quest, Map Tin/ Month Day Year,	
9	2 6		THE THE THE THE TENT OF THE TE	m
F GT	E 25	3. SE	Jost hithday Montest Day's Hours Mi	
S	15 gg = 7		1 LINALE WATER 4,1883 85 YRS.	
aŭ.	pa nga	70. E	BIRTHPLACE (Stole or foreign 76. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 COUNTY OF DEATH	
4	l in	CODE	THE PROPERTY OF THE PROPERTY O	Md.
п 2	par		ITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital OCCUPAT ON (Kind of work done 12b KIND OF BUSINESS OR	
i <del>.</del>	an with	16	REENMOUNT give street address) # 30 during mast at yorking ife, eyen if retired INDUSTRY	
>	arb arb, th	130.	USUAL RESIDENCE (Where deceased lived, if institution: Residence before   13c (ITY OR TOWN   13d INSIDE CITY WITS?   13e, STREET AND NUMBER	_
be executed within 24 haurs after death	signed by the attending physician and campletely filled in by tagined by the attensit permit. Then please remave carban papers. Pabrial, crematian, ar removal, and in any event, within 72 haurs	odm	13b COUNTY CARROLL WESTMIKTAVES IN NOOT RFD#4	
xec	של ה	14	FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle Lost	=
a) a)	and rem		AFRON SHAFFFD JANT BANKFAT	,
	physician of one of ordinary	160	WAS DECEASED EVER IN U.S. ARMED FORCES? 116b, SOCIAL SECURITY NO. P.7 INFORMANT Address SAME	_
ico 1	1 1 2 S		(es, na_ or ynknown) (1 yes give wer or do'es of service)	
Gertifica	g phy Then mova	⊨	Approx Male Interval	=
	ton.  I by the attending transit permit. The cremation, or remo		18 CAUSE OF DEATH (Enter only one cause per line far (a), (b) and (c)) PARY 1. DEATH WAS CAUSED BY- IMMEDIATE CAUSE (a)  Correliorespicale fory facilities  APPROX.MAIE INTERVAL BETWEEN ONSET AND DEATH	
eat	ar r		IMMEDIATE CAUSE (0) Corrello/Cefficier Fory Fellevel	
ф Т	affa Serr an,	ı	4/20 DUE TO, OR AS A CONSEQUENCE OF A DO 1	
壬	sit p		Conditions, if any, which gove (b) (b) (b)	
thai	on rem		storing the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
PHYSICIAN: The law requires that the death	unerraining prinsistant. has been signed by thise as the burial-transit heriar to burial, crema		lost. (c)	
<u> </u>	ingi ingi ingi ingi ingi ingi ingi ingi	1	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
<u> </u>	5 6 5		7 4 5 X	
law	been s the iar to	l 🖺	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING	
he	has b	CERT FICATION	YES NO SEE CAUSES OF DEATH?	
1 2	를 유 호	8	210. ACCIDENT WAS UNDERLYING   216. TIME OF INJURY   1216. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.)	_
NA S	certificate certificate hed far u ht. af Heal	ਤ	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year	
SS	tra par	MEDICAL	Ilf either, natrfy medical examiner) P.M 19 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, FARM, STREET FACTORY.) 21f. LOCATION Street at R.F.D. No. City or Town County State	
HY A	this certification of the cert		While T Not while T OFFICE BURBING, FIC /	
<u>ا</u> و	들음글 타용글		of work and	
E S	State		22a. I certify that (1) (this haspital) attended the deceased from \$ 4-4, 19-8, ta 9 4-2, 19-8, that (1) (we) I saw the deceased alive an 19-8, and that in (my) (aur) apinion death accurred on the date and haur and from the deceased alive and the date and haur and from the date and the date and haur and from the date and haur and a	usi ha
E E	OR: / OR! / auld auld a the		causes stated abave (1) (we) did (aid not) view the bady after death.	116
ATTENDING	244		22b SIGNATURE 22c. DATE SIGNED.	
8	~ \$ \$ \$	L	16 cul \$1. Lecture DEGREE PHYS DIRECTOR D STAFF DI 10 AUg/28	
	AL DIII		22d. PHYSICIAN'S 2 4 4 4 4 5	
7114	P P P		NAME (TYDE) PAU N. EVSNER, M.D. GEIERMISCEUT, Md.	
TO HOSPITAL	O FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached far use as the shauld be filed with the State Dept. af Health priar to	230	BURIA-, CREMATION, 236 DATE / 23c NAME OF CEMETERY OR CREMATORY 23d. LOCAT ON (Cyby or Town) - (County) (State)	
H	를 를 를 다	130	BENDYA (SPECIAL RESIDENCE OF METADIC MOSTALLANTES MIS	
2	5 07	24	FUNERAL DIRECTOR . ADDRESS 250. REC'D BY REGISTRAR 250. REGISTRAR	
	VR A1511	24.	2. 2. myino, 1. Westminster mil DATE AUG 1 4 1968 filiantes Judges	
	137		Wale was a second of the secon	



					U STATE DEPART			
		7 7 7 7 7	DIVISION OF V	ITAL RECORDS.	301 W. PRESTON S	TREET, BALTIMOR	E. MARYLAND 2120	1 1 2 2 2 2 2
7		11350			CERTIFICATE OF			" 11358
로 8로		CEASED NAME First		Middle	Last	2a.	DATE OF DEATH	2b HOUR
haurs after death n br rectionarel rs. Pages name death	(T	(pe or peint) RUNA	LDA	M.	m	ARTIN	Month	Day 9 Year 68 155 M
a # 5 5	3. SE	(	4. RACE		S. DATE OF	BIRTH	6. AGE (In years	IF UNDER 1 YEAR   IF UNDER 24 HRS.
A LOS		M		W	JULY	126, 189	last birthday)	YRS. MONTHS OAYS HOURS MIN.
in brans. 2 hour	7a B	RTHPLACE (State or foreign	7b. CITIZEN OF WHA		B MARRIED NEVER M	MKKIED	UNTY OF DEATH	
M iii		MARYLAND	45			ORCED [	ARROLL	Md.
The law requires that the death certificate be executed within 24 haur attending physician.  has been signed by the attending physician and tarpletely filled in been as the burial-transit permit. Then pleas remove carbon papers. It priar to burial, cremation, or removal, and in any event, within 72 haur	10 C	TY OR TOWN OF DEATH	11. NÁN give sto	IE OF HOSPITAL OR IN Bet address)	STITUTION (If not in haspital	12o. USUAL OCC	UPATION (Kind of work of working life, even if retir	one 12b KIND OF BUSINESS OR ed.) INDUSTRY
withii withii tely fi		NESTMINSTE	ERC	ARROLA	- CO GENER	174- 807	CHER	CATTLE
ted with pletely carbon rent, wi		SUAL RESIDENCE (Where decease isian) STATE A	d lived, if institution 13b COUNTY	Residence before	13c CITY OR TOWN	134 INSIDE CITY JIMITS?	13e STREET AND NUMBE	R
any evecut	10 5	ATHER'S NAME First	4/	Last	UNION BRIDE		MAIN STE	PLEXDED LYUMBER
	14	JOSHU	Middle	MAR	TIAL IS. MUTHERS	MAIDEN NAME First	Midd	HESSON
and Signature	16a.	WAS DECEASED EVER IN U.S. ARM		6b. SOCIAL SECURITY	NO 17 INFORMANT	I'IMUD	Addre	
fiffica hysic n plk			r or dates of service)	218.32 -	3616ARUTH D.	MARTIN		DBE MD
G b b L L L L L L L L L L L L L L L L L		IB. CAUSE OF DEATH (Enter and	v one couse per line	for (a) (b) and (c)	1			APPROX MATE INTERVAL BETWEEN ONSET AND GEATH
ath it. idin	Н	PART I DEATH WAS CAUSED IMMEDIA	BY.			THROMB	3mc/c	DAYC
der ffer n, o	Н			A CONSEQUENCE OF	ZR / L	1 100 - 1-112	0114	2773
the de		4/20 Candit ans, if any, which gave)	LI		110 1100	0-2		
at institution	Н	rise to immediate cause (a), (	(b) 77	A CONSEQUENCE OF	NSIVE	19141614	OSCLERITI	C
N: The law requires the ar attending physician. Ite has been signed by ruse as the burial-traiselfth priar ta burial, cre	Ш	stating the underlying cause	DUE TO, OK AS		DIEVASCUL.	BR D	ISEASE	YEARS
aprire ohys igne ouria		PART 2. OTHER SIGNIFICANT CON	DITIONS CONTRIBUTION					
ng Fen sen sen sen se brance b	_	0 -	CHODA			4		
indi be s th	ATEO		ONDIT ON FOR WHICE			TOPSY?		NGS CONSIDERED IN CERTIFYING
X the pass	CERTIFICATION				YES [	NO [	CAUSES OF DEATH?	
ar ar u		21a. ACCIDENT WAS UNDERLYING			21c HOW INJURY O	CCURRED (Enter natur	e of injury in Part 1 or Pa	rt 2, Item 18.)
Pite Pite Pite Pite Pite Pite Pite Pite	MEDICAL	OR CONTRIBUTING CAUSE OF DEATH	er) P.M.	Manth Day Year				
ING PHYSICTA by the haspital fter this certific be detoched fa State Dept. af H		21d. INJURY OCCURRED 21e.	PLACE OF INJURY (A	T HOME, FARM, STREET, FA	CTORY.) 21f. LOCATION Str	reet or R.F.D. Na.	City or Town	Caunty State
the det det of the D		at wark at wark				,		
Stall Stall		22a. I certify that (1) (this	s haspital) atten	ded the decease	ed fram 8/	3 , 19 <u>68</u> ,	ta	, 19 <b>65</b> , that (I) (we) last e date and haur and fram the
OR ATTENDING PHYSICIAN: be retained by the haspital ar DIRECTOR: After this certificate je 3 should be detoched far u je 4 should be detoched far u je 6 with the State Dept. af Heal		causes stated abave	ve an , (I) (we)(did)(d	lid nat) view the	bady after death.	my) (aur) apinian	aeath accurres an th	e date and haur and tram the
E S S S S S S S S S S S S S S S S S S S		226 SIGNATURE	0 /	,	<u> </u>	1100		22c. DATE SIGNED
OR O		Vrucent	I de	La-CCO	PHYS PHYS	DING DIRECTO	R PHYS.	8/9/68
Par F		22d. PHYSICIAN S NAME (Type)	TO NOT	-1.6		DDRESS	C7 = D	MD
A may A may NERAL for, page and be fi		Y///\&	EN/J	+10C		ESTMIN		11111
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be exectly for a may be retained by the haspital ar attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician after a factor, page 3 shauld be detached far use as the burial-transit permit. Then pleas remained be filed with the State Dept. of Health priar to burial, cremotian, or remayal, and in any	23a	BURIAL, CREMATION, 23b D REMOVAL (Specify)	12/10	23c NAME OF PIPE	CEMETERY OR CREMATORY	23d	LOCATION (City or Town)	(County) (State)
5-5	24	UNERAL DIRECTOR	12/68	ADDRESS	CAEL	2Sq. REC'D BY REG	STRAR 2Sb. REG ST	RAR'S SIGNATURE
30M REV 108	1	1) Harblary	Sone	Union	Bridge	DATE AUG 1		corles judges :
1	127			- (1,000)	- Carrier			

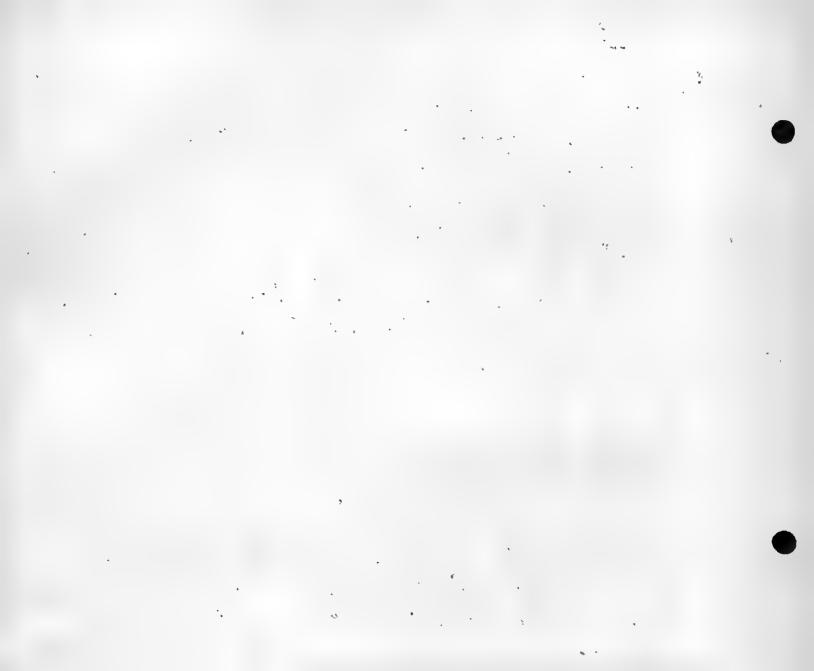


	1	MARYLAND STATE DEPARTMENT OF HEALTH
. 1		11354, DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
	١.	CERTIFICATE OF DEATH
	1 01	CEASED MAME First Middle Lost 2a. DATE OF DEATH 2b. HOUR
and campletely filled in by the Luneral remave carbon papers. Pages 1 and 2 in any event, within 72 haurs after death.		YPE OF PRINT) HERBERT GERFON MATHIAS & august Month & Doy 19608 44 M
R ME-E	3. SE	
#N 13 8 #	J. 31	DO (OST, DITTHOY) MONTHS DAYS HOURS MIN
Pages urs after	_	77. VRS. VRS.
hour in by srs. P	cour	BIRTHPLACE (Stote or foreign 75 CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH
24 in per in 72	10	analle Ma U.S. a. WIDOWED DIVORCED CARROLL Co. Md.
ecuted within 24 campletely filled ave carban pape y event, within 77	10. 0	11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital  12a USUA. OCCUPAT ON (Kind of work done   12b. Kind of Business OR   12b. Kind of Work done   12b. Kind of Business OR   12b. Kind of Work done   12b. Kind of Work d
Par Fel-	14	ESTMINSTER YARROLL CO. LIENVHOSPA CLEVE BUILDING SUPPLIES
ed car		USUAL RES DENCE (Where deceosed lived, if Institution: Residence before 13c (TY OR TOWN 130. INSIDE CITY LIM. 152   13e STREPT AND NUMBER 13b (OU) PT 13b (OU) PT 13b (OU) PT 13b (OU) PT 13c (TY OR TOWN 13c (TY OR TOWN 13c (TY OR TOWN 13c)) PT 13c (TY OR TOWN 13c) PT 13c
ecut cam ave		TIDE THIRDIL CONSTITUTED TO THIVCHOR ST
and (man)	14. 1	ATHER'S NAME First Middle Lost IS, MOTHER'S MAIDLY NAME First Middle Lost
requires that the death certificate be executed within 24 hourns physician.  I signed by the attending physician and campletely filled in by burial-transit permit. Then prese remave carbon papers. Paburial, aremailan, or removal, and in any event, within 72 hours.		THEODORE J. MATHIAS NANNIE REUTHER
and se		WAS DECEASED EVER IN L.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 7. INFORMANT Address  SAME  (1 yes give wor or dotes of service)  3.22-0.55 (2.1)
physician. signed by the attending physician burial-transit permit. Then prese burial, crematian, or removal, and		es, no, or unknown) (1 yes give wor or dotes of service) 213-05-17/1-AMRS, HERBERT G. MATHIAS, ADDRESS
9 5 E		18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  APPROXIMATE INTERVAL  BETWEEN ONSET AND GEATH
ie death ce attending permit. Th		PART I DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (a) ASDIENTION  45 MINU
ne death attendi permit. ian, or r		DUE TO, OR AS A CONSEQUENCE OF
the c	1	Conditions, if any, which gave) IDI CEREBRAL VASCULIAR INSUFFICIENCY TWEET
		inse to immediate cause (a),
equires that th physician. signed by the burial-transit t		stating the underlying cause   DUE TO, OK AS A CONSEQUENCE OF
uire nysi gne nria		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDIT ON GIVEN IN PART 1(o)
ned plant in significant in signific		
din din the	§	RHEUMATIC + DRIVERLO SCLEROTIC INTERPRED ISLASE - PADVANCED
The law re attending has been se as the th priar ta	S	CAUCES OF DEATHS
A: The are are the house callth	CERTIFICATION	YES NO STATE OF INJURY 1215 HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Hem 18.)
AN. all a control for Hec		21c ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c HOW NIJRY OCCURRED (Enter noture of injury in Part 1 or
SIC Spirit and dear	MEDICAL	(If either, notify medical exominer) P.M. 19
PHYSICIAN le haspital of this certificat stacked for Dept. of He	2	21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET FACTORY.) 21f LOCATION Street or R.F.D. No. City or Town County State While - Not while -
det fine De det		White Nat while of wark OFFICE BUILDING, ETC.
State State		22a. I certify that (!) (this haspital) attended the deceased from 4, 19 4, ta 4, 1967, that (!) (we) last saw the deceased give an 1967, and that in (my) (aur) appinion death accurred on the date and hour and from the
TENDING ined by th OR: After i auld be do		saw the deceased alive an
ta tain tain tain tain tain tain tain ta		226. SIGNATURE.
TAL OR ATTENDING PHYSICIAN: The law renay be retained by the haspital ar attending AL DIRECTOR: After this certificate has been page 3 shauld be detached far use as the effled with the State Dept. of Health priar tal		Lotus 5. Harshum much, DEGREE PHYS PHYS DIRECTOR D PHYS D PH
A b b o o o o o o o o o o o o o o o o o		22d. PHYSKIAN'S . 22e. ADDRESS
RAI MG		NAME (Type) JOHN S. HAR CHEY MA Souder St, Westminster, med
TO HOSPITAL OR ATTENDING PHYSICIAL Page 4 may be retained by the haspital TO FUNERAL DIRECTOR: After this certifica director, page 3 shauld be detached for shauld be filed with the State Dept. of Ha	230	BURIAL CREMATION 236 DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State)
Pag.	230	REMOVAL (Specify) 8/10/68 EPERCETTEN motor CARDATIS ELLI DE DU OR PRODUL MAD
⊢ ⊨	24.	SURFIGURE ADDRESS 250 REGISTRAR 256 REGISTRAR 3 REGISTRAR 256 REGISTRAR 3 REGI
30M REV 1.0R		
10V	1	DATE HOU I'M DATE HOU I'M OUT TO THE HOUSE IN THE HOUSE I

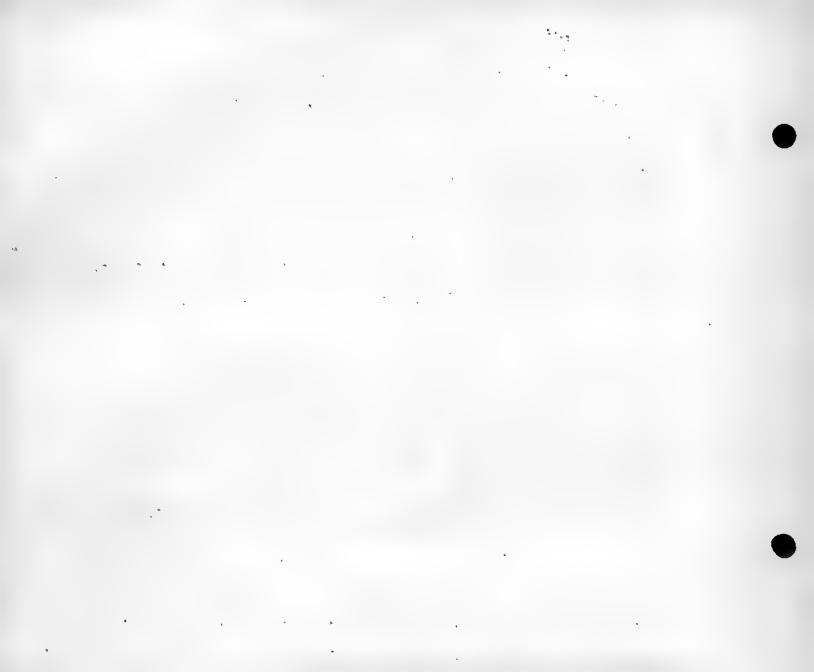


1		1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
7		1	11352 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
9			CERTIFICATE OF DEATH
	4 24		ECEASED NAME First Middle Last 2a, DATE OF DEATH 2b, HOUR
	seath and and death	(1	Type or print) William Waster mauch Month Day Year JPN
	The sale	3. 58	
	avt.ke	3. 30	Tret high-day) MONTHE DAYS MOTIES MAN
	8 5 E	╙	male white 1-1-1884 84 YRS. MONTHS MILES
	yd yd ng	7a,	BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH
	in 24 haurs filled in by papers. Pag hin 72 haurs	tabi	BALLOGUE MIL. CAPTOIL MIDOWED DIVORCED   CAPTOIL MA
	filled pape thin 7	10 (	ITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done 12b KIND OF RUSINESS OR
	executed within did completely fille	10	give street address)  Give street address)  Give street address)
	unted with	130	USUAL RESIDENCE (Where deceased lived, if institution, (Residence before, 13c. CITY OR TOWN. 13d INSIDE CITY JAMINS? 13e. STREET AND NUMBER
	nple ven	adm	ission) STATE // A TO 136 COUNTY / / / VEST NO TO
	A e de		Mastern (1877)
		14.	FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle Lost
	range of second	100	HAUCK NOSE BROAGH
	d de		WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT
		1	(es, no, ar unknown) (1 yes give war or earles of service)
	th certify ling ph Then remava		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  APPROXIMATE INTERVAL BETWEEN QUIST AND GEATH
	attending p permit. The		PART I DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a Laterio seleratio Hearth Desease)
	e deatl attendi permit. ian, ar r	1	
	att att		HI & T DUE TO, OR AS A CONSEQUENCE OF
	that the c an. by the att transit per cremation,		Canditians, if any, which gave rise to immediate cause (a), (b) Generalized anterio-selected
	tha an. by rran crer	ı	stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF
	ed e	1	last. (c)
	requires that the death certificate be physician.  signed by the attending physician er burial-transit permit. Then please in burial, cremation, ar remayal, sand in	1	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
	o b	1_	
	The law re attending has been se as the the priar to	CERTIFICATION	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
	The later atter has se as it pri	1 S	YES NO TO CAUSES OF DEATH?
	PHYSICIAN: e haspital or his certificate stached far u Dept. af Hea		21a. ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)
	Diagraps	MEDICAL	(If either, natify medical examiner) P.M. 19
	has has been been been been been been been bee	×	21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. City or Town County State
	by the haspital or by the haspital or fiter this certificate be detached for u State Dept. of Heali		21d. INJURY OCCURRED While 1 21e PLACE OF INJURY (AF HOME, FARM, STREET, FACTORY.) 21f LOCATION Street at R.F.D. No. City or Town County State at wark 1 at
	TENDING ined by th DR: After I build be d the State		220. I certify that (I) (this hospital) attended the deceased from
	Afr Afr Ab ab ab solves		sow the deceased glive an $8/18$
	ATTENI etained CTOR: A should rith the	1	couses stated above, (I) (we) (did) (did not) view the body ofter death.
	A S D S S	1	226. SIGNATURE 2 22c DATE SIGNED 22c DATE SIGNED
	OR ATTENDING PHYSICIAI be retained by the haspital DIRECTOR: After this certifice je 3 should be detached fai ed with the State Dept. at He		Harry Deile WillOFFREE PHYS DIRECTOR - STAFF - 8/23/68
		1	22d. PHYSICIAN'S 22e. ADDRESS, 2/ DIE 21 12-12
	SPITAL 4 may VERAL I far, pag id be fil	1	NAME (Type) HARRY DEIBEL M.D. 11226 However It Bello Med 10/3
	TO HOSPITAL OR ATTEN Page 4 may be retained TO FUNERAL DIRECTOR: director, page 3 should Sshould be filed with the	230	BURIAL, CREMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d OCATION (City of Town) (County), (State)
	Page of Fundamental Page o	1	REMOVAL (Specify)
	=== = (4/	24	FÜNERAL DIRECTOR ADDRESS 250, RECD BY REGISTRAR 25b, REGISTRAR'S SIGNATURE
	30M REV 3 68	1	
	and are Jugo	10	anaidean Terreral Hame France AUG 26 1968 Icharles Judge

88 8 U V I 8 BIIL LI BILL BILLD 8 U I 88 EBIT FILL LIL 8 I



	MARYLAND STATE DEPARTMENT OF HEALTH
1	1353 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 47861
L	. CERTIFICATE OF DEATH
1.	SED NAME First Middle Last 2a. DATE OF DEATH Months Day Year 2b. HOUR
3.	S. DATE OF BIRTH  ALLG. 3, 1968  6. AGE (In years lif under 14 AR IN UNDER 14 AR
70	IPLACE (State or foreign 7h (TIT/EN OF WHAT (CHINTRY) 8 WASKED TO WAR TO THE OFFICE OF
10	OR TOWN OF DEATH  11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital  120 USUAL OCCUPATION (Kind of work done during most of working life, even if retired)  125 KIND OF BUSINESS OR INDUSTRY
13	At RESIDENCE (Where deceosed lived, if institution Residence before 13c City OR TOWN 13d inside City LIM TS? 13d STREET AND NUMBER 13b COUNTY Carroll Westminster YES NO G 148 Sullivan Road
14	R S NAME First Middle Last 15. MOTHER S MAIDEN NAME First Middle Last
ı	WILLIAM J. MCKENNA- ANNE HURLEY
1	G DECEASED EVER IN U.S. ARMED FORCES?  G, or Unknown)  (If yes give wer or deles of service)  Address 418 SULLIVAN R  NILLIAM J-MCKENNA WTSTMINSTER
-	CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
П	PART I DEATH WAS CAUSE BY. IMMEDIATE CAUSE (0) - Imapaturity (5 months use Talion)
Т	ditions, if any, which gave
	to immediate cause (o), (D)
ı	ing the underlying cause DUE TO, OR AS A CONSEQUENCE OF
L	RT 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
١.	16x Mareinal Bleeding
SERVICE ATION	DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY?  YES NO CAUSES OF DEATH?
BALLING CT	ACCIDENT WAS UNDERLYING PRONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year oither, notify medical examiner)  21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)
PART	H. INJURY OCCURRED 218 PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, ) 21f LOCATION Street or R.F.D. No. City or Town County State
L	sow the deceased gray on thot (I) (this hospital) attended the deceased fram 1960, and that in (my) (and popular death occurred on the date and hour and from the sources stated above (I) (two) (did (did not) view the hody after death
	sow the deceased alive on
	SIGNATURE 22L DATE SIGNED
L	DEGREE PHYS DIRECTOR D STAFF DIRECTOR D PHYS.
l	PHYSICIAN'S NAME (Type) 22e. ADDRESS
23	RIAL CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR-CREMATORY 23d. LOCATION (City or Town) (County) (Store) ACYAL (Specify) 8/6/68 ST. JOHN'S CATHOLIC CERT. WEST MINSTER CARRELL MILE.
2	RAL DIRECTOR ADDRESS 250, REC D BY REGISTRAR 250 REGISTRAR 5 SIGNATURE
	5. mucho of bestman ster md & part AllG 8 1968 10 wages





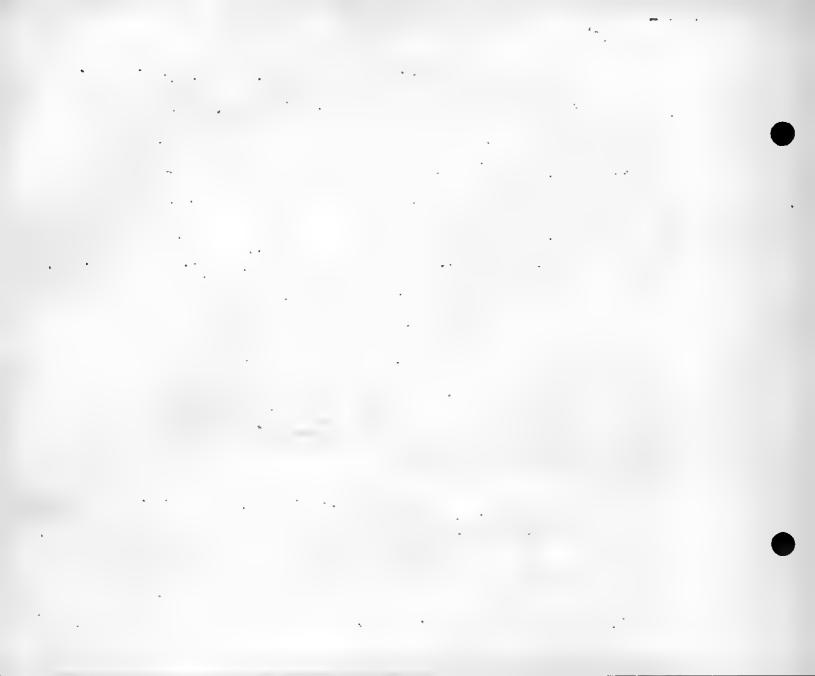
	1	MARTLAND STATE DEPARTMENT OF REALTH
4	1	11355 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
age.	ı	CERTIFICATE OF DEATH
- 2 -	1 0	CEASED-NAME First Middle Lost 20. DATE OF DEATH 2b. HOUR
within 24 hours after death rely filled in by the funeral bon papers of the funeral within 72 hours and death		YPE OF Print) GEORGE WASHINGTON MILLER Month Dow Year 4PM
5 5 mg.	3. 51	X 4 RACE S DATE OF BIRTH 6 AGE (In years   FUNDER   FAR   IF UNDER 24 MIS
# 14F)		MARCH 9-1898 lost birthdoy) VRS MONTHS DAYS HOURS MIN
The same of the sa	70.	RETHPLACE (State or fore gn 75. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH
4 ho l in lers 72 h	coul	MARYLAND USA WIDOWED DIVORCED CARROLL Md.
filled in paper thin 72	10. (	IT VOR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCLPATION (Kind of work done 12b KIND OF BUSINESS OR
withii withii bon bon wuth	1	VEW WINDSOR give street oddress 3/0 HIGH ST. CARPENTERY PAINTER BUILDING
= = = = = = = = = = = = = = = = =		JSJAL RESIDENCE (Where deceased lived, if institution: Residence before   13c CITY OR TOWN   13d INSIDE, CITY LIMITS?   13e STREET AND NUMBER
nd complete	oom	SSION) STATE MARYLANDIBLE COUNTY CARROLL NEW WINDSON YES NO 310 HIGH ST.
	14. [	ATHER'S NAME First Middle Lost 1s. MOTHER'S MAIDEN NAME First Middle Lost
d in d	L	WILLIAM M MILLER ADA BART
sicia Diea:	160	WAS DECEASED EVER IN U.S. ARMED FORCES?  16b. SOCIAL SECURITY NO 17. INFORMANT  Address 310 HIGH 57.  17. INFORMANT  Address 310 HIGH 57.
physician.  signed by the attending physician and the burial-transit permit. Then please remaining, are remayal, and in any burial, crematian, ar remayal, and in any		NO 218-16-2468 MINELEN YEW VVINDSON "A
em The		18 CAUSE OF DEATH (Enter only one couse per line for (o) (b), ond (c).)  PART I. DEATH WAS CAUSED BY.
re death cer attending p permit. The		MMEDIATE (AUSE (0) Coron any Mondain Haus
att att	ı	4109 DUE TO, OR AS A CONSEQUENCE OF
the the sat p	1	Conditions, if ony, which gave rise to immediate couse (a), (b) asteriorally the CVD
tho Trans	1	stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF
ires ysici ned ial-		lost. (c)
OR ATTENDING PHYSICIAN: The law requires that the death certificate be be retained by the haspital ar attending physician.  NRECTOR: After this certificate has been signed by the attending physician are 3 shauld be detached far use as the burial-transit permit. Then please red with the State Dept. of Health prior to burial, cremation, ar remanal, and in		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6)
ding ding een the pr to	Š	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
AN: The law rale of an artending cate has been for use as the Health prior to	CERTIFICATION	190. CAUSES OF DEATH?
Transition of the second of th		210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.)
ral c firat far far		OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Yeor
SSPIT SEPTIMENT OF THE PROPERTY OF THE PROPERT	MEDICAL	
JING PHYSICIAN: The law reby the haspital ar attending ther this certificate has been be detached far use as the State Dept. of Health prior ta	Н	While Not while   \OFFICE BUILDING, ETC. /
by the free the decidence of the decidence dec	П	at work of work
VDING d by t After d be c	1	saw the deceased alive an
R ATTENI retained ECTOR: A 3 should with the	ı	
referrence with with	L	226 SIGNATURE  MED. STAFF PHYS DIRECTOR D STAFF PHYS DIRECTOR D PHYS. D
L OR be DIR	П	22d PHYS CIANS 22e. ADDRESS. 22e. ADDRESS.
ITAL may RAL I		NAME (Type) ME ROBERTSON TELL (Min less hade
OSP JNEI ctar uld	000	
TO HOSPITAL OR ATTENI Page 4 may be retained TO FUNERAL DIRECTOR: A director, page 3 should should be filed with the	230	BURIAL (REMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote)  PERMOVAL (Specify)   FUC 8 - 1968 PLEASANT VALLEY   WESTMINSTER RURAL MU
F - F	24.	FINERAL DIRECTOR 250. REGISTRAR \$ SIGNATURE
30M REV 1 (48)		1) Hartsly y Long Mous Windrer DATE AUG 7. 1968 Peliantes Judge
\LA		and the second of the second o

ALADVIALID CTATE DEDINTALESIT OF II

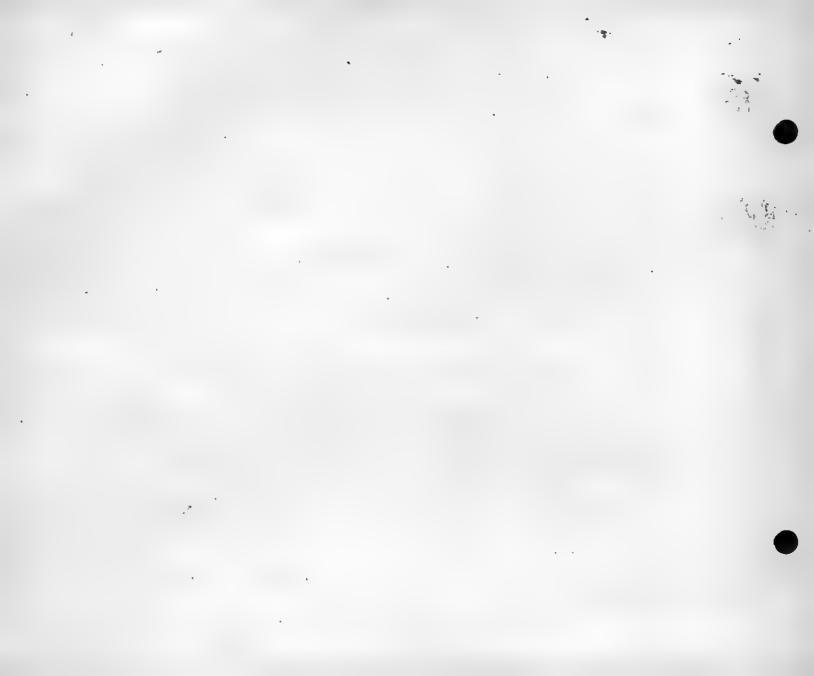


DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11364 CERTIFICATE OF DEATH DECEASED NAME First Lost 20 DATE OF DEATH 2b HOUR death. and (Type or print) after F JNDER 1 YEAR 3 SEX AGE (In years IF UNDER 24 HRS. lost birthdoy) DAYS August 30, 1885 hours 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED | NEVER MARRIED | country) WIDOWED I DIVORCED [ 60 the attending physician and tampresen most 120 USUAL OCCUPATION (Kind of work done IT NAME OF HOSPITAL OR INSTITUTION (IF not in hospital 126 KIND OF BUSINESS OR during most of work ng life, even if retired ) INDUSTRY signed by the attending physician and camplete burial-transit permit. Then please remove calx burial, crematian, or removal, and in any event, 130, USUAL RESIDENCE (Where deceased lived, if institution. Residence before 13c. CITY OR TOWN 134 INSIDE CITY HMITS? 13e STREET AND NUMBER requires that the death certificate be executed odmission) STATE 4210 Conthie 14. FATHER'S NAME Middle 160. WAS DECEASED EVER IN U.S. Yes, no, or unknown) TB. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o' Conditions, if any, which gave rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE-OF stoting the underlying couse PART 2, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) Page 4 may be retained by the haspital ar attending this certificate has been be detached far use as the State Dept, of Health priar tal serile brain disease without 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING .90. DATE OF OPERATION CAUSES OF DEATH? 210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF CEATH HOUR A.M. Month Day Year (If either, notify med col exominer) P.M. directar, page 3 shauld be detache should be filed with the State Dept. (AT HOME, FARM, STREET, FACTORY) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY Stote City or Town County While Not while ot wark 220. I certify that (this hospital) attended the deceased fram March 38, 1966, to August 35, 1968, that (4 (we) last sow the deceased clive on 1965 25 1963, and that in (4) (our) opinion death accurred on the date and hour and from the couses stated above, (4) (we) (did) (4) view the body after death. O FUNERAL DIRECTOR: After SIGNATURE 22c. DATE SIGNED ATTENDING PHYS DEGREE DIRECTOR PHYSICIAN S 22e. ADDRESS 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 230. BURIAL, CREMATION (County) (Stote) WINCHEST VR A15 (4) 30M REV, 1/68

MARYLAND STATE DEPARTMENT OF HEALTH



		MARYLAND STATE DEPARTMENT OF HEALTH  DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
/ FOR STATE		
FOR STATE	1 0	MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DEPT.	(	Type or Print) T 1/44 - A A A A A TITLE OF ESTI- P 10 (CC25)
y is 3 to 2 dge of of	3 \$	DOTTIN LITECTILUS DESTI DEATH MATEU
delay and 3		lest berhodoy) MORTHS DATS HOURS MIN Month Provided the Month Provided
5 % 3 KE		BIRTHPLACE (State or fore gn 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH
	caur	DELLE
oth oges ith fo	10 (	CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL OR INSTITLT ON (If not in hospital) 12a u.S.A. OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR
Give Poges ong with for the State thin.	u	VFCTMINICTED The street oddress 10 mm ( ) during most of working life, even if retired.) INDUSTRY
after 8. Give olong with th	130.	USUAL RES DENCE (Where deceased lived, finistration Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET AND NUMBER
	0	dmission) STATE MD- 136 COUNTY CARPOLL WESTMIN CHEST NO - 28 WESTMORELAND ST.
hours after deoth tem 18. Give Pog Office olong with 1and 2 with the Stater deoth.	14. F	ATHERS NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle Lost
1 S O S S O S S O S S O S S O S S O S O		CARL B. OLSH BARBARA ZABELLA
d within 24 hours all pencil in Item 18. Examiner's Office old. File pages I and 2 with a file pages I and 2 with a file pages I and 2 with a file pages.		WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT ADDRESS  (es. np. or unknown) (If yes give wor or dotes of service)
within pencil Examine	- { '	(Fes. 10, or unknown) (1 yes give war or doles of sarvie) 220-28-4088 MPS LOUISE L. OLSH SAME ADDRESS
ed in Ey		18 CAUSE OF DEATH (Enter only one cause per ling top, a) (b) and (c).)  APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
xecuted nd.ng' in Medical E permit. F		PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) Caroncery Thrombases (hearle) Scilillis
be exertinet Me		4109 DUE TO, OR AS A CONSEQUENCE OF
t be chie		(and thans, fany, which gave) (b) arterio 5 cleratic Cardis Viegenbus 18-209 is
shauld be e ne word 'pei o the Chief i buriol-transit		stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF
		<u> </u>
ircate ing 11 ded 1 ded 1 as a		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR COND FON GIVEN IN PART I(o)
certifi orword used c moval.	101	196 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION 20 AUTOPSY?
e, w forn e us	CERTIFICATION	WAS PERFORMED?
INER: Th.s e certificate, should be fa files. 3 should be to trer totion, or rer		21a EXTERNAL CAUSE WAS 21b T ME OF INJURY Month, Day Year 21c HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item 18)
VER: T certific hould b lles. shauld tion, or	MEDICAL	PRIMARY OR CONTRIBUTING HOUR A.M CAUSE OF DEATH P M 19
(AMINER: te the certi e 4 should rour files. age 3 shau' cremotion,	ME	21d M.LRY OCCURRED 21e PLACE OF INJURY (At home, form, street, 21f LOCATION Street or R.F.D. Na. City or Town County State
EXAMINER: cute the cert oge 4 should r your files. Page 3 shau		WHILE AT WORK AT WORK ON THE BUILDING, STEEL B
L EXA cecute Poge for you DR: Pog		22a I certify that I took charge of the remains described above, held an Autopsy . Inspection , Inquiry . ond in my opinion
ICAL e exector. Per formed for		death resulted from. Natural causes XI) Accident, Suicide, Homicide, Undefermined manner
please e please e l' director retained l' DIRECTOR L'		CHIEF MEDICAL EXAMINER
		SIGNATURE PROBLEM DESISTANT MEDICAL EXAMINER 226 DATE SIGNED
DEPUTY stessory, lee funeral may be r FUNERAL		DEPUTY MEDICAL EXAMINER X 8-10-68 NAME (Type)
ro DEPUTY necessory, price funeral 5 may be r 10 FUNERAL Health price	210	BURIAL, CREMATION, 23b DATE . 23c NAME OF CEMETERY OR CREMATORY 23d LOCAT ON (City of Town) (County) STEAT
2	230	BEMOVAL (Specify)  SEMOVAL (Specify)
	24.	FUNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
VR ATSME (S)		2.5 mexers & Mestamuste moder AUG 14 1968 yourses Judge
I COM KEY I DON'T	-	A CONTRACTOR OF THE PROPERTY O



	1	MAKYLAND STATE DEPARTMENT OF HEALTH	
and the same of th		11353 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	11066
•		CERTIFICATE OF DEATH	300
£ _~£		DECEASED-NAME First Middle Lost 20. DATE OF DEATH	2b. Hour
er death funeral i and 2	1	(Type or print) GEORGIA MAE PHILLIPS august 17	1968 10 P M
in the second	3. S		F UNDER I YEAR   IF UNDER 24 HRS.
alle de la company de la compa		FEMALE WHITE JUNE 16, 1905 lost birthday) YRS.	ONTHS DAYS HOURS MIN
durs durs		BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
executed within 24 haurs after death at campietely filled in by the funeral smare carban papers.	COU	Md 7. S. A. WIDOWED DIVORCED CARROLU	Md.
in 24 filled pape hin 7	10. (	CITY OR TOWN OF DEATH II NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done	125. KIND OF BUSINESS OR
executed within a campletely fremave carban any event, with	1/1	VESTMINSTER give street oddress) CO. GENERAL during most of working life, even it retired.	INDUSTRY HOME
ed of		USUAL RESIDENCE (Where deceased lived, if institut on Residence before 13c. CITY OR TOWN 13d INSIDECTLY UM-137 13e STREET AND NUMBER 13b COUNTY A 17P 11 COUNT	
cution and a security of the s	Quite	MISSIGN STATE MICH 136 COUNTY & ARROLL SYPESVILLE YES NO DAKLAND RO	AP.
any em	14	FATHER'S NAME First Middle East IS. MOTHER'S MAIDEN NAME First Middle	Lost
	(	FEORGE H. SCHAEFFER EDITH M. POE	
Militate pryskija en Please aval, and I		D. WAS DECEASED EVER IN U.S. ARMED FORCES?  Yes, no or unknown)   (15 yes give wor or dates of service)   16b. SOCIAL SECURITY NO.   17. INFORMANT   Address / 7	STOCKDALE
ne death certifi attending present then present then present then present then present then present the present th		no - INBRICE SCHAEFFER REIS	TEKSTEINA, Md,
ing the		18. CAUSE OF DEATH (Inter only one cause per line for (a), (b), and (c) ) PART I. DEATH WAS CAUSED BY.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
attendi permit ian, or r		IMMEDIATE CAUSE (0)	
att per		572 DUE TO, OR AS A CONSEQUENCE OF	
the the mating		Conditions, if any, which gove (b) (b)	
tran	L	stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
equires that the physican. signed by the burial-transit burial, cremat	L		
Par Purple Purpl		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	4.44.4-4
law rending been s the ior ta	8	19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a, AUTOPSY? 20b IF YES, WERE FINDINGS CON	SIDEDED IN CEDTIEVING
by the haspital or attending physican.  by the haspital or attending physican.  ther this certificate has been signed by the attending physicial and completely fuller be detached for use as the burial-transit permit. Then please remave carban pagiste Dept. af Health prior ta burial, crematian, or remaval, and in any event, within	CERTIFICATION	YES NO CAUSES OF DEATH?	SIDERLO A CERTIFINO
e se de	(ERT	21a ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item	m 18 )
IAN fal o ficat for for	ਤੋਂ	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year	10.7
5 PHYSICIAN: the haspital or this certificate detached for ur e Dept. af Healt	MED	21d INTURY OF CHIRRED 21a PLACE OF INTURY / AT HOME FARM STREET, SACTORY 3 234 LOCATION Street or R.E.D. No	County State
he he this effect of the period		While Not while \ \OFFICE BUILDING ETC.	outing of the control
TENDING PHYSICIAN: ined by the haspital or R: After this certificate auld be detached for u the State Dept. af Heal		lot wark at wark	& that (I) (we) last
	L	220 I certify that (I) (this hospital) attended the deceased from 21, 1968, to 21, 1968 as with deceased olive on 13, 1968, and that in (my) (aur) apinion deoth occurred on the date	and hour and from the
S S S S S S S S S S S S S S S S S S S	L	causes stated above, (i) (we) (did) (and stot) view the body after death.	Pro Augustia
OR ATTENDIN be retained by DIRECTOR: After je 3 shauld be ed with the Star		ATTENDING - MED STAFF - STAFF	TE SIGNED
Ded Ded		22d. PHYSICIAN'S 22e. ADDRESS	13/68
RAL Pe t		NAME (Type) JOHN S. HARSHEY M.D. & auchon St. Westmind	~ Sund
TO HOSPITAL OR ATTENE Page 4 may be retained TO FUNERAL DIRECTOR: A director, page 3 should should be filed with the	220	and the state of t	(County) (State)
Page Page dire	230	REMOVAL (Specify) 8-16-18 May - Challed States Will Portrail	11 /2 72
F = E	24	FUNERAL DIRECTOR  ADDRESS  ADD	GNATURE
30M REV 108		Luther A. Anlight Sylesoull, Ma - DATE AUG 19 1968 July	mas judge
14.360	1/	A STATE OF THE STA	



	MARYLAND STATE DEPARTMENT OF HEALTH							
		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201						
		11359			RTIFICATE OF	27387		
ci CV mines	i. D	ECEASED NAME A First	· · ·	Middle	tost	20.	DATE OF DEATH	2b. HOUD
to a go		Ype or print) Arie	<	F	Picker		Month	10.1968 11:30M
	3. S		4 RACE		S. DATE OF BI		6 AGE La veors	IF UNDER I YEAR HE UNDER 24 HRS
age the		Male	Whi	te	Apri	1 23,188		RS MONTHS DAYS HOURS MIN
by by auri	70.	BIRTHPLACE (State or foreign	76 CITIZEN OF WHAT	UNTY OF DEATH	<del></del>			
PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death e hospital ar attending physician. his certificate has been signed by the attending physician and completely filled in by the funeral stacked far use as the burial-transit permit. Then please remayercarban papers. Pages 1 and Dept. af Health priar to burial, crematian, ar remayal, and the property within 72 haurs after death	COU	Maryland	U.S.A.		WIDOWED   DIVORCED     Carroll			Md
illeo Pag hin	Comparison   Com							ne 12b. KIND OF BUSINESS OR
with factor of with								erican Oil Co.
red vent,	13o.	USUAL RESIDENCE (Where deceos	ed lived, if institution.	Residence before II	3c CITY OR TOWN	13d. INSIGE CITY LIMITS?	13e. STREET AND NUMBER	
Seven Conte	ФОП	"Maryland	13b. COUNTY Ca	rroll	Mt. Airy	YES X NO	109 Carro	oll Avenue
and contraction of the contracti	14	FATHER S NAME First	M.ddle	Lost		AIDEN NAME First	Middle	
چَرِيَّ ۾	L	Ezra		Pickett		Er	nma	Glass
physician physician ien pleas aval, and	160	WAS DECEASED EVER IN U.S. ARA (esno. or unknown)		SOCIAL SECURITY NO		. 77	Addres	48 -
equires that the death certific physician. signed by the attending phys burial-transit permit. Then p burial, crematian, ar remaval,		'es, no, or unknown) (If yes give w	. 2	18-14-66	33 Mrs. R	ennie V.	. Pickett	Same As #13
en de la ce		18. CAUSE OF DEATH (Enter on PART I DEATH WAS CAUSEI			1. 1	. 1/	. D.	BETWEEN ONSET AND DEATH
eath endi nit. ar r		IMMEDIA	ATE CAUSE (a) HR	teriosci	EROTIC CA	LRDIOVASCI	ILAR LISEA	SE LOVEARS.
atte atte an,	П	1 1	DUE TO, OR AS A	CONSEQUENCE OF				
the sit	П	Conditions, if ony, which gove ; rise to immediate couse (a), (	(b)					
than the creater than t	П	stating the underlying couse	DUE TO, OR AS A	CONSEQUENCE OF				
equires that the death ce physician. signed by the attending burial-transit permit. The	П	lost.	(c)					
phy sign bur bur	П	PART 2. OTHER SIGNIFICANT CON	IDITIONS CONTRIBUTING	TO DEATH BUT NOT	RELATED TO THE TERMINA	L DISEASE OR CONDIT	10N GIVEN IN PART I(o)	
ing fing een the rta	l s	7						
the law ratending has been se as the h priar to	CERTIFICATION	190 DATE OF OPERATION 19b.	CONDITION FOR WHICH	OPERATION WAS PERFO			20b. 1F YES, WERE FINDING	GS CONSIDERED IN CERTIFYING
The state of the s	E E				YES	_		
AN: al ai ar cate ar Lea	됳	210. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE OF DEAT	IG 215. TIME OF IN. HOUR A.M. A	JURY Aonth Doy Yeor	21c. HOW INJURY OC	URRED (Enter notur	re of injury in Port 1 or Por	i 2, Item 18.)
Signature de la companya de la compa	MED.C	(If either, notify medical exami	ner) P.M.	. 19				
ho: ho: ho: ho: ho: ho: ho: ho: ho: ho:	*	21d INJURY OCCURRED 21e. While Not while of work	PLACE OF INJURY (AF	HOME FARM, SIREEF, FACTOR FICE BUILDING, ETC.	RY.) 21f. LOCATION Street	et or R.F.D. No.	City or Town	County State
te Get	П	at work of work			[- ] [ ] [ ]	10 %	10 8/10	10 / that (1) ( 34 ( a)
PIN by be be Sto		22a. I certify that (I) (18	live on	ed the deceased	of and that in Im	v) (electropion	denth occurred on the	196, that (I) (we) lost e dote and hour and from the
R: TEN		couses stated obove	e, (I) (vez) (did) (die	tion) view the bo	dy ofter death.	// ( <del>)</del> apimon	300111 00001103 011 1111	, 0010 0110 11001 0110 11011 1110
AT		22b. SIGNATURE	(a) 11	400	ATTENDI	NG 4 / MED	STAFF C	22c DATE SIGNED
OR ATTENI be retained bIRECTOR: A je 3 shauld ed with the	1	ames	8-1<00	VIAIN	DEGREE PHYS		OR LI PHYS. LI	8/12/68
IAI AI AI A	П	22d. PHYSICIAN'S NAME (Type) Toxic	- D 77-		22e. ADI		- D.4 D	3/3
Page 4 may be retained by the hospital ar attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. af Health prior to		ं रा	es P. Ke			18 Ridge		ascus, Md.
HO HO HO HOU	230	BURIAL, CREMATION, 23b.		23c NAME OF CE			LOCATION (City or Town)	(County) (Stote)
29 2000			14/1968	Taylors	sville		aylorsvill	e, Carroll, Md.
VR A15	24.	FUNERAL DIRECTOR  . M. Waltz, E	10x 241 S	ADDRESS	le. Md.	250. REC.D. BY REG	4 1968 KEGISIK	ARS SIGNATURE
30M REV	1	A TIP MOTOTOT	V2 21190	A WOOD A TITT	1700	DATE		



_	1				) STATE DEPARTM				
		44960	DIVISION OF VIT				RE, MARYLAND 21201	1400	0
	L	TFOUR			ERTIFICATE OF	DEATH		ال لر س	0
€		ECEASED NAME First Type or print)		Middle	Last		DATE OF DEATH	V. V.	2ь ноир
	Γ,	Els		M.	Poole		8/16/	968	7:50M
	3. 5	X	4. RACE		S. DATE OF BII		6 AGE (In years	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS HOURS MIN
	_	Female	Whi	ite	Feb	. 8, 18	88 leg birthdoy) YRS.	MUN193 UATS	muurs mm
	7a	BIRTHPLACE (Stote or foreign	76. CITIZEN OF WHAT C		8 MARRIED 📉 NEVER MAR	RIED 9. CO	UNTY OF DEATH		
	100	"Maryland	U.S.I			CED 🔲	Carroll	)	Md
	10.	ITY OR TOWN OF DEATH	11 NAME C	OF HOSPITAL OR INST	ITUTION (If not in haspital	120 USUAL OCC	UPATION (Kind of work done	126 KIND OF I	BUSINESS OR
		ykesville	give sileer	address Rout	e 3	House	working life, even if retired) Wife	MCOMI	
. ,	13o odm	USUAL RESIDENCE (Where decear	and bread of make down I	Residence before	33r CITY OR TOWN	139: INZIO€ CITY "IWITZS	13e STREET AND NUMBER		
<i>y</i> ~ *		ission) STATE Marylance Marylance	d Car		ykesville	YES NO Y	Route 3		
l	14.	FATHER S NAME First	Middle	Lost	15 MOTHERS MA		Middle	974	Last
		Levi		Magner	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	<u> </u>	izabeth	Fosse	tt
	100	WAS DECEASED EVER IN U.S. AR. (14 yes give v	WED_FORCES?   16b.	SOCIAL SECURITY N		7 75 75	Address		
	⊨			None	Mrs Lio	yd R. Po	oole Same I		KATE INTERVAL
		18. CAUSE OF DEATH (Enter or	nly ane cause per line fai D. RY	r (a), (b), and (c).)			- 4 1	BETWEEN OF	NSET AND DEATH
		PART I. DEATH WAS CAUSE IMMEDI			TINFA	RCTI	012	10	wer.
· · · · · · · · · · · · · · · · · · ·		0.4.6. 4 1	DUE TO, OR AS A	CONSEQUENCE OF	Ś			10	
		Conditions, if any/which gove rise to immediate cause (a),	(u)—	ングン	ノ ·,			// 0	gro.
	ı	stating the underlying cause	DUE TO, OR 3S A	CONSEQUENCE OF	Macana	RACC	A TODAINE I	0 12	ha
	ı	PART 2-OTHER SIGNIFICANT CO		CONKI				, , , ,	
	ı	PART OTHER SIGNIFICANT CO	NUTTIONS CONTRIBUTING	TO DEATH BUT NO	I KELATED TO THE TERMINAL	T DIZEASE OKCONDITI	ION GIVEN IN PAKT I(a)		
	8	190, DATE OF OPERATION 196.	CONDITION FOR WHICH O	PERATION WAS PER	FORMED 20a. AUTOI	DCV2	20b IF YES, WERE FINDINGS	ONCIDEDED IN CE	DTIEVING
X	CERTIFICATION	170. DATE OF CI ERAHON 175.	-	TERRITOR WAS LER	YES T	NO 🗀	CAUSES OF DEATH?	OHDIDEKED IN CE	KIII I III O
. /		210. ACCIDENT WAS UNDERLYIS	NG 216 TIME OF INJU	IRY	-		re of injury in Port 1 or Part 2,	Item 181	
	롱	OR CONTRIBUTING CAUSE OF CEA	TH HOUR A.M Me	onth Day Year	The House House	ounce terror riores	s or injury in contract or contract,	10111 10.1	
	E S	(If either, natify medical exami		19 Ome, Farm, Street, Fact	ORY,) 21f LOCATION Street	tor RED. No.	City or Town	County	Stote
		While Not while of wark	OFFIC	E BUILDING ETC.	7		cay or rown	4 -/	31010
	1	22n   certify that (1) (th	is hasnital) attende	d the decease	from Ape	19 6 5	to 2 - 19	G that	(I) (wa) Inst
	ı	22a. I certify that (I) (the saw the deceased of	live an 8 =	-/6	and that in (my	y) (our) apinian	death occurred an the d	ate and haur	and fram the
	ı	causes stated above	e, (I) (we) (did) (did	nat) view the b	ady after death.				
	1 /	22th SIGNATI RE	11-Lh	. M	Degree ATTENDIN	IG MED.	STAFF C	DATE SIGNED	19
	\	V.1.2-00	oray,		DEGREE PHYS	DIRECTO		-11-	90
1	L	ZZd PHYSICIAN'S NAME (Type)	or. R. V.	Houck,	Jr. Zze. ADDI	Svkesvi	lle, Maryla	nd	
1	02				CHITTON OR ABELLATORY	227	IOCATION (CA T	IF . A. S.	(54.4.)
	230	SELECTION OF The	DATE /4069		EMETERY OR CREMATORY		LOCATION (City or Town)	(County)	(State)
	74	FUNERAL DIRECTOR	/19/1968	ADDRESS	<u>esda Cemet</u>	250 RECD BY REG	Carroll Co	SIGNATURE	
4) (2487)		C. M. Waltz,	30x 241.		lle, Md.	DATE AUG			
1			,			DAIL	1400 XCC	A COLUMN	Maria



	1	MARYLAND STATE DEPARTMENT OF HEALTH
	ı	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
(A a)	L	11362 CERTIFICATE OF DEATH
1 22€		ECEASED-NAME First Middle Lost 20, DATE OF DEATH 2b, HOUR
dear	1	Type or print). NILLIAM HENRY POWELL. Month Day Year 6:30PM
ter for	3. S	
the day	L	1/1977 (1070/25) WHA 14 1881 87" YRS
		BIRTHPLACE (Stote or foreign 76 CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH
ded i	10	OTTY OR TOWN OF DEATH IN NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done 12b KIND OF RUSINESS OR
within ely fill ban p withi	1	VESTMINSTER give street addressly ARLES ST. LABOURER TRUCKING FIRM
D HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-boars after Page 4 may be retained by the hospital ar attending physician.  5 FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the fundirector, page 3 should be detached for use as the burial-transit permit. Then please remove carban papers. Pages I should be filled with the State Dept. of Health priar to burial, cremation, ar remayal, and in any event, within 72 haurs after	13a. adm	USLAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 13d INSIDE CTY L MITS? 13e STREET AND NUMBER 13b. COUNTY OF PROLEMESTAMANTE STATE NO 68 CHIAPLES ST.
exec emo any	14	FATHER'S NAME First Middle Lost IS, MOTHER'S MAIDEN NAME First Middle Lost
be in a	L	WILLIAM H. PONELL AGNES MACK
icate sicic plea	1 '	WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT 17 INFORMANT 18 JOHN JULY AND THE POLIFIE ADDESS 18 DECEASED EVER IN U.S. ARMED FORCES? 19 DECEASED EVER IN U.S. ARMED FORCES? 10 DECEASED EVER IN U.S. ARMED FORCES. 11 DECEASED EVER IN U.S. ARMED FORCES. 12 DECEASED EVER IN U.S. ARMED FORCES. 13 DECEASED EVER IN U.S. ARMED FORCES. 14 DECEASED EVER IN U.S. ARMED FORCES. 15 DECEASED EVER IN U.S. ARMED FORCES. 16 DECEASED EVER IN U.S. ARMED FORCES. 16 DECEASED EVER IN U.S. ARMED FORCES. 17 DECEASED EVER IN U.S. ARMED FORCES. 18 DECEASED EVER IN U.S. ARMED FORCES. 18 DECEASED EVER IN U.S. ARMED FORCES. 19 DECEASED EVER IN U.S. ARMED FORCES. 19 DECEASED EVER IN U.S. ARMED FORCES. 21 DECEAS
phy nen nava	1	AND
th c		PART I, DEATH WAS CAUSED BY.
dea tenc rmnt , ar		EMMEDIATE CAUSE (a) UNION SCHOOL COMMON SCHOOL SCHOOL
the at per		Conditions, if ony, which gave)  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if ony, which gave)
at the the rnsit permatic		rise to immediate cause (o).
s tha ician. d by I-tran I, cren	Н	stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF (c)
equires physicic signed   burial-ti		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
req ng p ns si na p	_	146.
law re inding been is the	ATIO	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
The after has be as	CERTIFICATION	YES NO CAUSES OF DEATH?
ar use		21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18)
YSICIAN: ospital ar certificate hed far u	MEDICAL	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) P.M. 19
HYS hos is ce ache	×	21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County Stote
at tage	Ł	While Not white at work at work 10 (this pospital attended the decorated fram ( ) (the solitonic fix.)
DIN Py Afte be Sto	L	22a. 1 certify that (I) (this haspital) attended the deceased fram 19 25, and that in (my) (aur) apinian death accorded an the date and haur and fram the
ATTENDING etained by th CTOR: After It should be de		causes stated abave, (I) (we) (dut) (and not) view the body after death.
E STATE	1	22b. SIGNATURE 22c DATE SIGNED /
be reported willed w		DEGREE PHYS. DIRECTOR PHYS. DIRECTOR PHYS. DIRECTOR DIREC
may RAL RAL be f		22d PHYSICIANS/ NAME (TYPE) W. GLENN SPEICHER 1358. Mani At - Westmanster The
Page 4 may be retained by the hospital ar attending physician.  • Funexal Directors: After this certificate has been signed by director, page 3 shauld be detached for use as the burial-transhauld be filed with the State Dept. of Health priar to burial, creating.	23n	BUR AL, CREMATION, 23b. DATE , 23c NAME OF CEMETERY OR CREMATORY 23d LOCAT ON (City or Town) (County) (State)
TO HOSPITAL OR ATTENDING PHY Page 4 may be retained by the h TO FUNERAL DIRECTOR: After this director, page 3 shauld be detac shauld be filed with the State Dep	1	REMOVA SPORTY 8/8/68 ELLSWORTH CEMETERY WESTMINSTER RD MD
VR A15 (4)	24	FINERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNAFURE
30M REV 1/68	13	L. E. myers, R., Westminder Med. DATE AUG 12 1968 Charles Judge.

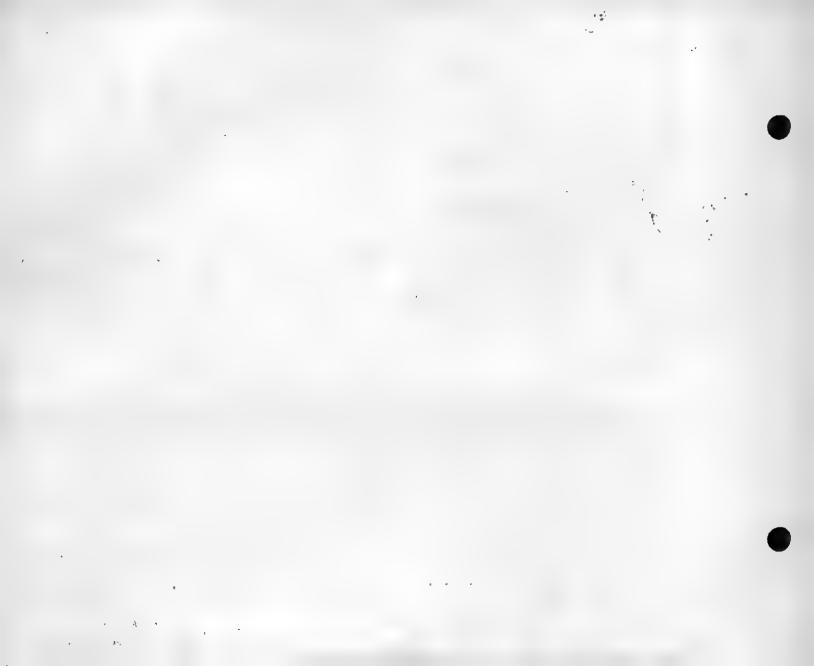


1		DIVISION	MAKYLAN OF VITAL RECORDS,		PAKIMENI UF I ION STREET, BALI		LAND 21201	T on the	4.3
	11362				E OF DEATH			المراج بالسا	U
	DECEASED-NAME (Type or print)	First OMER	Middle FOUNT	TOM:	Last REED	20 DATE OF D	EATH Month Do	ĭ '58	2b. HOUR
1	. SEX Male	4 RACE	Caucasian	S. D	ATE OF BIRTH 02/21/97		5. AGE (In years lost birthday) 7 L YRS.	IF UNDER I YEAR MONTHS DAYS	9:40 A IF UNDER 24 HRS HOURS MIN
	o BIRTHPLACE (State or foreign (State or foreign) (State or foreign)		F WHAT COUNTRY?		EVER MARRIED DIVORCED	9 COUNTY OF D	EATH		Md
<u>ر</u> [ا	Sykesville		11 NAME OF HOSPITAL OR IN give street address) Springfield	State Ho	sp. during m	nst of working lil nstr. wo	(ind of work done e, even if retired) rker	12b. KIND OF I INDUSTRY CONSTR	
	30. USUAL RESIDENCE (Where dissipation) Maryland	Asp Rear	toCity	Baltimo	re YES 🔭 N	0□ 223	et and number 3 N.Calv	ert Stre	et
	4 FATHER'S NAME FIRST WILL		REED			NNA	Middle	WILL	Lost LIAMSON
	160 WAS DECEASED EVER IN L Yes, no, or unknown) (" Yes	JS ARMED FORCES? yes give war or dates of servi 1918	16b. SOCIAL SECURITY 222-01-85		mant ingfield S	tate Hos	Address pital Re		MAYE INYERVA
	PART 1. DEATH WAS  Canditions, if ony, which rise to immediate caus stating the underlying lost. 42	CAUSED BY: MMEDIATE CAUSE (o) DUE TO, 1 gave (b) Couse (c) (c)	OR AS A CONSEQUENCE OF	ed en	Jacker Card	Sin Imax	der Dis	min min	utes ars
	PART 2 20 THEN SIGNIFICATION  Too. DATE OF OPERATION  210. ACCIDENT WAS UNITED.		PAHICH OPERATION WAS PE		JERMINALDUSEASE OR With cereb 200. AUTOPSY? YES NO	20b. IF Y	er. with es, were findings of death?		
	OR CONTRIBUTING CAUS	E OF GEATH HOUR	P.M. 1	9	NJURY OCCURRED (Enter		in Port 1 ar Port 2,	County	Stote
	While Not while of work  22a. I certify that saw the decea	abave, (*) (we) (	ottended the deceas 08/01/68 did) (dddana) view the	ed fram01 19, and th	ATTENDING   1	inian death ac		ate and haur of DATE SIGNED	and fram the
	230 BURIAL, CREMAT ON, MOVAL (Specify)	23b DATE 8-7-68		cemetery or creations		23d. LOCATION Baltin	(City or Town) NOTE, Mar	(County) yland	(Stote)
أ	24. EUNERAL DIRECTOR Charles R. I	aw 802 1	fadison Ave.	Balto.,		BY REGISTRAR	25b. REGISTRAR	S SIGNATURE	egge

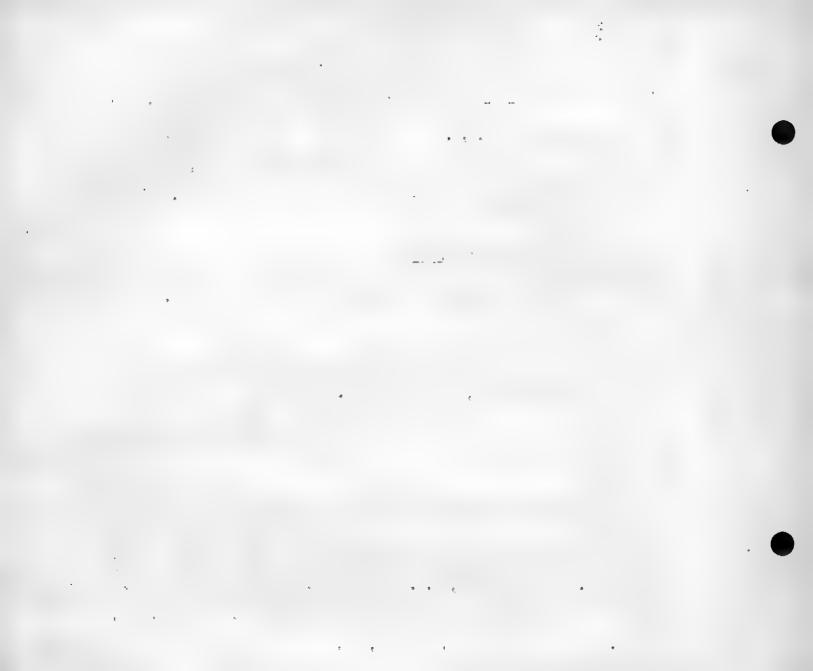


	11363	DIVISION O	F VITAL RECORDS, (		STON STREET, B. TE OF DEAT		ARYLAND 21201	7 7 7	71
	or print) De 1.	First La	Middle Lolita	ROBES	ON Last	20. DATE O	of DEATH st Month 3	Dov1968ear	25. HOUR 8:50pm
	emale		ite	5.	DATE OF BIRTH 10-27-02		6. AGE (In years last belongy)	MONFHS DAYS	IF UNDER 24 MRS. HOURS MIN
76 BIRTH country)	IPLACE (State or fore gn Maryland	USA		WIDOWED [	NEVER MARRIED 4 DIVORCED 1		roll		Md.
Syk	OR TOWN OF DEATH	, Sp	NAME OF HOSPITAL OR INS estreet oddress) ringfi.eld	State Ho	spital	ng most of working None	N (Kind of work doning life, even if retired	12b KIND OF B INDUSTRY	USINESS OR
3a, USU adm ssion	AL RESIDENCE (Where d	eceased lived, if instit,	tion. Res dence before	Frost bu	WN 13d. INSIDE		street and number 4 Centenni	al Street	,
	ER'S NAME First Unkno		Lost		OTHER 5 MAIDEN NAI	Laura	Mrddle		obeson
160. WA: Yes, n	S DECEASED EVER IN U.S. o, orunknawn) I'' yei	ARMED FORCES?  give wor or dates at service)	None		RMANT Recor		spital, Sy	kesville,	
ìB.	CAUSE OF DEATH (Ent PART I. DEATH WAS C	er anly ane cause per AUSED BY: MEDIATE CAUSE (a)	ine far (a), (b), and (c).	Eraf	Pneur	nomes.		BETWEEN ON	ATE INTERVAL SET AND DEATH
	HID I dit ans, if any, which g tammed ote cause	DUE TO, OR	AS A CONSEQUENCE OF	C. V	. D.			ZfE	2)
	ting the underlying co		AS A CONSEQUENCE OF						
	RT 2 OTHER SIGNIFICAN	T CONDITIONS CONTRIB	UTING TO DEATH BUT N	OT RELATED TO T	ie Terminal disease	OR CONDITION GIV	/EN IN PART I(a)		
1 Fills	. DATE OF OPERATION		HICH OPERATION WAS PE	RFORMED	20o. AUTOPSY? YES X NO		IF YES, WERE FINDING	S CONSIDERED IN CER	łTIFYING
DICAL TILL	ACCIDENT WAS UNDE OR CONTRIBUTING CAUSE O Bither, notify medicol e	F DEATH HOUR A.M. P.M.	. Manth Day Year	,		•	jury in Part 1 ar Part	2, Item 18.)	
What w	INJURY OCCURRED Not while at wark		( AT HOME FARM STREET FAC OFFICE BUILDING ETC.				ty or Tawn	Caunty	State
22	<ul> <li>a. I certify that (1) sow the decease causes stated at</li> </ul>	(this haspitol) at ed olive on	tended the deceose gust 3, 1 (did not) view the	ed fram_ <b>Ja:</b> 968_, and t body after dec	ntary 1 hot in (my) (our) ith.	19 <u>65</u> , ta <u>.</u> opinion deoth	August 3, accurred on the	dote and hour o	(I) (we) last and fram the
220	SIGNATURE	1. 8	s lui	DEGREE	ATTENDING PHYS	MED. DIRECTOR	STAFF PHYS	August 4,	1968
22d	NAME (Type) Re	nato Espin		/ V	Syl	kesville		spital	
	WOVAL (Specify)	23b. DATE 8-6-1	968 B	CEMETERY OR CR	ER		TON (City or Town)  GARA	(County)	(State)
24. PUN	ERAL DIRECTOR	h R. Su	address Inc	others		AUG 7	1968 REGISTRA	RS SIGNATURE	- K

MAKTLAND STATE DEPARTMENT OF MEALIN



/ 1				LIAND STATE DE				
/. /	11	364 DIVISIO		RDS 301 W PRES			AND 21201	1 272
FOR STATE	alle der	200	MEDICAL	EXAMINER'S	CERTIFICATE	OF DEATH		
HEALTH DEPT.	1 DECEASED (Type or		it	Middle	lost		05 555	onth Doy Year 2b HOUR
☆ 당 음/火은	(Type of	Ant Ant	na	Barbara	Sher	vanick	OF EST - DEATH MATED	8 20 1968 M
detay 3 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	3 SEX	4. RACE	S DATE OF BIRTH	6 AGE (n ye	ors OF JHOER 1 YEAR ) MONTHS DAYS	IF UNIOER 24 HRS.	2c DATE PRONOUNCED DE	1 474
y defi	Femal	e White	4-30-03	ost birthday	rRs.	HOURS MIN	Month Aug. Day	20 Year 1,68 2:304
- N		CE (Stote or foreign	75 CITIZEN OF WHAT	OUNTRY? 8.	MARRIED NEVER MA	RRIED 9. COL	INTY OF DEATH	
death Iny with form PA with form PA se State Depart	country) Pe	nnsylvania	U.S.	A.	VIDOWED 🔀 DIV	DRCED 🔲	Carroll	Md
ath age th f	10 CITY OR	OWN OF DEATH	11 NAME	OF HOSPITAL OR INSTITUT	TON (If not in haspital	12a. USJAL O	CUPATION (Kind of work of	
24 hours after death in Item 18. Give Pages r's Office along with for ss 1 and 2 with the State rs after demth.	Sykes	ville	I give stree Sprin	oddress) gfield Stat	e Hospital	L Factor	f working l (e, even if retir	ed.) INDUSTRY
五百年	13o USUAL	RESIDENCE (Where deced	sed lived if institution	Residence hefore 130	TY OR TOWN 13	Bd. INSIDE CITY DIMITS?	13e STREET AND NUMBER	
fice along	admission	STATE Marylar	d Baltimor	e City Ba	ltimore	AEZ 🕱 NO 🗌	230 S. Wolf	e Street
I and 9	14. FATHER'S	NAME First	Middle	Last	IS. MOTHER'S MAI	IDEN NAME First	Middle	Last
s of s		Jacol	)	Benedict		Cather	rine	Brinsko
d within 24 haurs a in pencil in tear 18. Examiner's Office a File pages 1 and 2 with 72 haurs after details 1000 and 10		ASED EVER IN U.S. ARMED	FORCES? 16E	SOC AL SECURITY NO.	17 INFORMANT		ADDRESS	
with: pend xamii ile po	(Yes no o	unknown) (If yes giv	e war or dates of service)	66-14-9425	Records	Springfi	eld State Ho	spital
INER: This certificate shauld be executed within 24 e certificate, writing the ward "periding" in pencil in shauld be farwarded to the Chief Medical Examiner's files.  3 shauld be used as a burial-transit permit. File pages intion, or removal, and in any event within 72 haurs.	18. C	USE OF DEATH (Enter o	nly one couse per line f	or (o), (b), and (c),)		<del></del>	<del></del>	APPROX, MATE INTERVAL BETWEEN ONSET AND DEATH
be executed "pending" in hief Medical E. ansit permit. Fevent within		ADT A DEATH WAS CAUSE	PD DV	eriosclerot	ic cardio	vascular	disease.	STITLE ORICI MED STATE
A Turk	41		1 1 2	A CONSEQUENCE OF				
be ipe ief ief		ans, if any, which gave	(b)					
ruld vard he Ch ial-tra any		immediate cause (a), the underlying cause		A CONSEQUENCE OF				
shauld be e s ward "per i the Chief I urial-transit in any even	last	:1	) (c)					
This certificate shauld totale, writing the ward be farwarded to the Ct be used as a burial-tre removal, and in any	PARY 2	OTHER SIGNIFICANT CON	DITIONS CONTRIBUTING	TO DEATH BUT NOT RELA	ED TO THE TERMINAL D	SEASE OR CONDITIO	ON GIVEN IN PART I(o)	
Fical ing rdec as	Sel	nizophrenic	reaction.	catatonic	type.			
his certificate ate, writing the farwarded it be used as a britemoval, and	0 10 0	TE OF OPERAT ON		CONDITION FOR WHICH				20. AUTOPSY?
for for	ZIO EX			WAS PERFORMED?				YES NO
MINER: This the certificate, 4 shauld be for Illes a Shauld be a s	210 FX	TERNAL CAUSE WAS		RY Manth, Day, Year	21c HOW INJURY OF	CCURRED (Enter notu	ire of injury in Part 1 or Pa	rt 2, Item 1B)
INER: The certifice shauld be shauld be files 3 shauld be matien, are notion, are		RY  OR CONTRIBUTING OF DEATH	HOUR A.M.	19				
	₹ 21d N	JRY OCCURRED 21e.	PLACE OF INJURY (At h		21f LOCATION Street	ar R F.D Na	City or Town	Econty State
AAN aur age	WHILI AT WO	K AT WORK	actary, affice building, e	r.)				
Pagar y		22a. Licertify that I	took charge of the	emains described at	ave held an Auto	ni 🔽 van	spection . Inquir	ry 🗔 and in my apinian
rcal E rexecutor. Paged far CTOR: F burral,		ath resulted from:			Suicide .	Hamicide	Undetermined ma	, , ,
please e I director retained DIRECT		1.6	0			IEF MEDICAL EXAMIN		,
y, ple	ACTU	AL LUCK	lem.	Mail	/ /	SISTANT MEDICAL EX		. DATE SIGNED
ERA Para		INER'S		1	7	PUTY MEDICAL EXAM		8-20-,68
DEPUTY CAL EXAM sessary, please execute the funition of the forestor. Page 4 may be retained for your FUNERAL DIRECTOR: Page ealth prior to burial, crem			nn Speiche;	M.D.	A DO	35 ( For ) Mile	wice will st	is at the acres
TO DEPUTY necessory, the funilling 5 may be TO FUNERA Health pr	23o. BURIA	CREMATION. 236	DATE	23c NAME OF CEME	ERY OR CREMATORY	23d	LOCATION (City or Town)	(County) (County)
	REMOV	AL (Specify)	8/24/68	Sacred H	eart of Je	sus Cen.	Baltimo	re, Maryland
all	24. FUNERA	LDIRECTOR		ADDRESS		250. REC D BY RE	GISTRAR 2Sb. REGIST	RAR'S SIGNATURE
VR A15MEVS	John	J. Duda. 7	922 Wise A	ve. Dundalk	. Md.	INTIAUG 2	3 1968 000	conta landar.



MAKTLAND STATE DEPAKTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11365 11373 CERTIFICATE OF DEATH 2b. HOUR Last 1. DECEASED-NAME First Middle 20. DATE OF DEATH requires that the deoth certificate be executed within 24 hours after death (Type or print) Month Della Shipley 5 DATE OF BIRTH 3. SEX 4 RACE 6 AGE (In years IF JHDER 1 YEAR last birthday) MONTHS DAYS Female White Jan. 20. 7b. CITIZEN OF WHAT COUNTRY? 70 BIRTHPLACE (State or foreign 9. COUNTY OF DEATH 8. MARRIED T NEVER MARRIEDES country) Haryland USA WIDOWED [7] DIVORCED [ Carroll 1) NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a LSUAL OCCUPATION (Kind of work done 10 CITY OR TOWN OF DEATH 12b KIND OF BUSINESS OR during most of working afe, even if retired ) give street address) INDUSTRY Sikesville Seculstrals 13a USUAL RESIDENCE (Where deceased lived, if institution, Residence before 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER 13b COUNTY NO 🏡 14 FATHER'S NAME IS. MOTHER'S MAIDEN NAME First Middle Last Thomas Shipley 16a WAS DECEASED EVER IN U.S. ARMED FORCES? 66. SOCIAL SECURITY NO. 17 INFORMANT Yes, no, or unknown) Mospital Records buriol-transit permit. Then buriol, cremoton, or removo APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per sine for (a), (b) and (c).) PART I DEATH WAS CAUSED BY

, MMEDIATE CAUSE (a) TATCH TO SEARCH CAUSE (A) TATCH TO SEARCH CAUSE (A) TATCH TO SEARCH CAUSE (A) BETWEEN ONSET AND DEATH days DUE TO, OR AS A CONSEQUENCE OF Urinary tract infection weeks Conditions, if any, which gave rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse last 600 X PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Schizophrenic reaction, paranoid type. directar, page 3 should be detached for use as the should be filed with the Stote Dept. of Health prior to 19g DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20o. AUTOPSY? TENDING PHYSICIAN: The CAUSES OF DEATH? NO DE YES [ this certificate 21a, ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CALSE OF DEATH HOUR AM. Month Day Year (if either, natify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM STREET FACTORY.) 21f LOCATION Street or R.F.D. No. 21d INIURY OCCURRED City or Town County State While Not while of work O FUNERAL DIRECTOR: After 22a I certify that (1) (this hospital) attended the deceased from 0/3/1, 19 37, to 8/17/1, 19 68, that \$9 (we) last saw the deceased alive an 8/17/19 68, and that in \$100 (aur) apinion death accurred an the date and hour and from the causes stated above, ( (we) (did) ( all with view the bady after death 22b. SIGNATURE -22c DATE SIGNED ATTENDING PHYS PHYS Springfield State Hospital 22e ADDRESS 22d. PHYS CIAN S Ramon P. Lopez, M. D. Sykesville, Maryland 23a BUR AL CREMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) 25a. RÉC D BY REGISTRAR FUNERAL DIRECTOR 30M REV. 1, 68 AUG 2 1



	11366	DIVISION OF		301 W. PRESTON STRE CERTIFICATE OF D		JKE, MAKTLAND	21201	12.07	4
7, [	DECEASED-NAME First (Type or print)  Myr		Middle Bell	Sleeman	2	Ra. DATE OF DEATH 8 Mont	h 13 Day	68 Year	26. HOUR 9:40 am
	female		white	S. DATE OF BIRT 11/13		6. AGE (	In years thday) YRS.	#F JHDER I YEAR MONTHS   OAYS	1F UNGER 24 HRS HOURS MIN
€a,	BIRTHPLACE (State or foreign unity) Maryland	76, CITIZEN OF WI		8. MARRIED [7] NEVER MARRIE WIDOWED TO DIVORCE		Carroll			Md.
F	city or town of DEATH luralSykesvil	le give	pringfiel	i State Hosp.	during mast o	CCLPATION (Kind of of warking life, even LSEWITE	if retired.)	126 KIND OF B INDUSTRY	USINESS OR
adr	USUAL RESIDENCE (Where deced	JAb. COUNTY A	llegany	Mt. Savage	H INSIDE CITY LIMITS?				
	FATHERS NAME First Charle G. WAS DECEASED EVER IN U.S. AR		Ridge 13			mer I	Middle della	Br	ant
161	Yes, na, acunknawn) (if yes give	war or dates of service)	215-10-43	390 Springfiel	d Hospi	tal recor	Address		e, Md.
		nly one cause per li ED BY IATE CAUSE (a)		) ac_arrest					SET AND DEATH
	Canditions, if any which gave use to immediate cause (a), stating the underlying cause last. 4330	(b)	AS A CONSEQUENCE OF	erotic cardio	vascula	r disease		year	s
CERTIFICATION		h senile	brain dise	OT RELATED TO THE TERMINAL C CASE WITH PSYC REORMED 200 AUTOPS YES [	hotic r	reaction.	E FINDINGS C	onsidered in cer	
MEDICAL CE	or contributing Cause of De.	HOUR A.M.	Manth Day Year			ture of injury in Part  City or Town	1 or Part 2,	(County	State
	at work at work	his haspital) att	ended the deceos	ed from 6/7/ 9 68, and that in (30%) boay ofter death.	, 19 <u>_68</u> (aur) opinio		22€	68, that the ond hour a pare signed 8/13/68	(we) last nd from the
	22d. PHYSICIAN S NAME (Type)	Renato R	Espina,	M.D.	S Sprin	ngfield St ville, Ma	ate Ho	ospital	
E	REMOVAL (Specify) 8	DATE -16-68	Method	cemetery or crematory ist Cemetery		3d LOCATION (City of Mt. Savas	e, Md.	(Caunty)	(State)
24	Joseph R. Durs	t. Frost	ADDRESS	21532	Sa RECD BY R	1 9 1968	REG STRAP'S	SIGNATURE LA	del.

MAKILAND STATE DEPARTMENT OF REALTH



-		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
MATERIAL PROPERTY AND ADDRESS OF THE PARTY AND		11367 CERTIFICATE OF DEATH
death. nerol and 2 death.	1 DI	ECEASED-NAME First Middle Lost 20. DATE OF DEATH  (ype or print) 1 1 1 1 M 1 + CALV Su, 1 Manth 12 Boy Year 10 M
funerol funerol s 1 and fer death	3. SE	S DATE OF BIRTH AGE (In years I FUNDER I YEAR I IF UNDER 24 HRS
by the f		Male White 3/20/82 Byth MONTHS DAYS HOURS MN
hour hour	SOU	BIRTIM-LACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY?   8 MARRIED   NEVER MARRIED   9. COUNTY OF DEATH   WIDOWED   1   DIVORCED
1 24 illed i	نحا	MIC   WIDOWED   DIVORCED   MAD   MAD
vithir sly fil with		M completee give street oddress) have been they feducate to working life, even if retired \ INDUSTRY
executed within 24 hours after death of completely filled in by the funeral emove corbon papers ragges 1 and 2 any event, within 72 hours, fer death		USUAL RESIDENCE (Where deceased lived, if institution: Residence before: 13c CITY OR TOWN 13d INSIDE CITY IMMISS? 13e STREET AND NUMBER RESIDENCE (Where deceased lived, if institution: Residence before: 13c CITY OR TOWN 13d INSIDE CITY IMMISS? 13e STREET AND NUMBER RESIDENCE (Where deceased lived, if institution: Residence before: 13c CITY OR TOWN 13d INSIDE CITY IMMISS? 13e STREET AND NUMBER RESIDENCE (Where deceased lived, if institution: Residence before: 13c CITY OR TOWN 13d INSIDE CITY IMMISS? 13e STREET AND NUMBER RESIDENCE (Where deceased lived, if institution: Residence before: 13c CITY OR TOWN 13d INSIDE CITY IMMISS?
and co	14	FATHER'S NAME First Middle Lost I'S MOTHER'S MAIDEN NAME First Middle Lost
	L	Samuel H SMITH LIZA Francist Sulliver
d, ond		WAS DECEASED EVER IN U.S. ARMED FORCES?  (6s, og or unknown) (1) yes give wor or dates of service)  217-03-54 Standards Wallers Reinternation
that the death certifican.  By the attending phyronsit permit Then cremation, or remova		APPROX.MAIT INFRIVA.
eath endir or re		PART, DEATH WAS CAUSED BY. Carelinal Vorcular accelent to meeks
he d per tion,		Conditions, if only, which gove)  DUE 10, OR AS A CONSEQUENCE OF  Conditions, if only, which gove)  (b) Or Lewis Sleves  Superior Conditions  Conditions of the conditions of the condition of the conditions of t
thot 1 an. by th ronsit		ase to immediate couse (o).  Stoting the underlying couse  DUE TO, OR AS A CONSEQUENCE OF
equires t physicia signed b buriol-tr		lost. (c)
The law requires that the death ottending physician. has been signed by the ottendinse os the burial-transit permit in prior to burial, cremation, or re		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
the law rottending has been se os the h prior to	NOIL	4 2 7 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
The lo	CERTIFICATION	YES NO CAUSES OF DEATH?
AN: al or icate for u Heal	5	21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.)  OR CONTRIBUTING CAJSE OF DEATH HOUR A.M. Month Doy Year
PHYSICIAN: e hospital or his certificate stoched for u	MED.C	(If either, notify medical examiner) P.M. 19  2.d IN.JRY OCCURRED 21e. PLACE OF INJURY (AT HOME FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. (ity or Town County State While - Not while
he h this detoc		at work of work
ATTENDING stoined by the CTOR: After 1 should be d ith the State		220. I certify that (1) (this hospital) attended the deceased from 1/2-2, 1962, ta 2//3, 1962, that (1) (we) last saw the deceased alive an 2/// 1962 and that in (my) (our) opinion death occurred on the date and hour and from the
TEN ined OR: / ould		saw the deceased glive an 1968, and that in (my) (our) opinion death occurred on the date and hour and from the couses stated abave (1) (we) (aid aid not) view the body ofter death.
OR ATTENI be retoined NIRECTOR: A e 3 should ed with the		226. SIGNATURE  (1) / Fround MO DEGREE PHYS. DIRECTOR DIRECTOR PHYS. DIRECTOR DIRECT
O HOSPITAL OR ATTENDING PHYSICIAN: The law requires Page 4 may be retained by the haspital or ottending physici O FUNERAL DIRECTOR: After this certificate has been signed director, page 3 should be detoched for use as the buriol-should be filed with the State Dept. of Health prior to buriol,		22d. PHYSICIAN'S NAME (Type) W. It FOATH M.D 22e. ADDRESS
O HOS Poge 4 O FUNE	230	BURIAL, CREMATION, 23b. DATE 23c NAME OF CEMETERY OF CREMATORY 23d LOCATION (City or Town) (County) (Stote)  Aug. 16.68 Greenmount (emetery) Hampstead, Md.
5 5 5 2		FUNERAL DIRECTOR  Aug. 16, 68  Greenmount (emetery ampstead, Md.  FUNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR 255. REGISTRAR 255. REGISTRAR 255.
30M REV 1/68	24.	FUNERAL DIRECTOR  ADDRESS  F. Eline & Sons Reisterstown M.  DATE AUG 1 5 1968  PAGE 15 1968

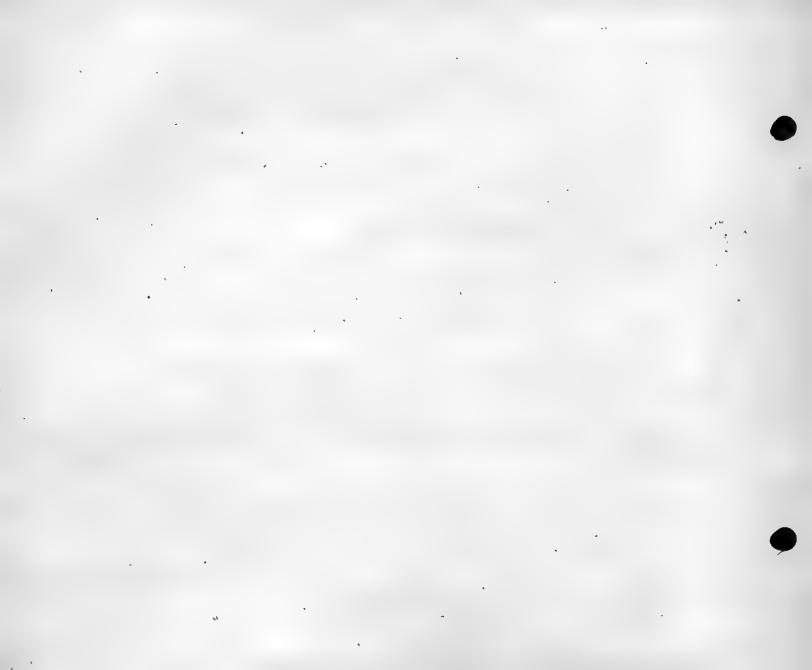
MARYLAND STATE DEPARTMENT OF HEALTH

4.0

					STATE DEPARTME			
		44000	DIVISION OF '	VITAL RECORDS, :	101 W. PRESTON STRE	ET, BALTIMOR	E, MARYLAND 21201	2.0376
		11368		C	ERTIFICATE OF D	EATH		
로 _ 8로		CEASED NAME First		Middle	Last	2a.	DATE OF DEATH	2b HOUR
after death he funeral ges 1 and 2 after death	{T	ype ar print) W11.	liam	Joshua	Stansbury		august 15	Year 1230M
fur fur ter	3. SE		4. RACE		S. DATE OF BIRT	TH	6. AGE (In years	OF JINDER 1 YEAR IF UNDER 24 HRS.
rs of the		Male	Whi		March :	1, 1881	last hirthday) YRS.	MONTHS DAYS HOURS MIN
poek Z. hou	7o. E		7b. CITIZEN OF WHA		<sup>8.</sup> MARRIED 🔲 NEVER MARRI		INTY OF DEATH	
pod ir		Maryland	U.S.A.		WIDOWED C		Carroll	Md.
within ely fille oan po within		ITY OR TOWN OF DEATH Westminster	gry <b>e</b> st	reet address) Com	inty General	during mest of	UPATION (Kind of work done working life, even if retired )	12b KIND OF BUSINESS OR INDUSTRY Farming
be executed within 24 pows, and completely filled instance remove carban papers. Pare In any event, within 72 haurs	13a admi	USUAL RESIDENCE (Where deceas ssian) STATE Marylane	ed lived, if institute	an- Pasidanca hofora	13c. CITY OR TOWN 13	A INSIDE CITY LIMITS? YES NO	7 Mill Aven	
exe ouny any	14. F	ATHER S NAME First	M'ddle	Last	IS MOTHER'S MAIC		Middle	Lost
be n an d in		Albert	Joshua			Mary	М.	Devilbiss
cectricate g physician Then pleas maval, and	16a. Y	WAS DECEASED EVER IN U.S. ARN es,1700 or unknown) (If yes give w		166 SOCIAL SECURITY N 213-26-977		Stansbu	ry, R#2, Thu	rmont, Md.
he death cetthin attending phy permit. Then p		IB. CAUSE OF DEATH (Enter on	y one couse per line	e for (a), (b), and (c) )				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
anth main uit.		PART I DEATH WAS CAUSED	) BY. ITE CAUSE (a)		twe Heart	Forlune		
atte		4109		A CONSEQUENCE OF	schools /s		4	
The site of the si		Conditions, if any, which gave	(b)	ather	scherotic' (	least De	sean	
that by to ans		rise to immediate cause (o), stating the underlying couse(	DUE TO, OR AS	A CONSEQUENCE OF				
sicio sicio al-ti al-ti		last.	(c)					
requii phy sign buri		PART 2 OTHER SIGNIFICANT COM	DITIONS CONTRIBUT	ING TO DEATH BUT NO	RELATED TO THE TERMINAL I	DISEASE OR CONDITI	ON GIVEN IN PART (a)	
ding ding seen the the	NO.	19a DATE OF OPERATION 19b.	CONDITION FOR WHILE	CH OPERATION WAS PER	ORMED 20a. AUTOPS	200	2Db IF YES, WERE FINDINGS CO	ONCIDEDED IN CEDTIEVING
intendiction of the state of th	CERTIFICATION	THE DATE OF OPERATION	COMDITION TOK WITH	OF CRAHON WAS FER	YES 🗆	NO T	CAUSES OF DEATH?	MUNICIPE IN CERTIFIED
ar a te h ask	CERT	21a ACCIDENT WAS UNDERLYIN	G T21b TIME OF	INGIRY			e of injury in Part 1 or Part 2, 1	item IR)
CLAN iital iifica i far of He	MEDICAL	OR CONTRIBUTING CAUSE OF DEAT	HOUR A.M.	Month Doy Year		(2.11.22 11.21.21	5 5 7 7 5 7 5 7 5 7 5 7 5 7 5 7 5 7 5 7	The contract of the contract o
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death ceating the executed within 24 bours after death. Page 4 may be retained by the haspital ar attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should be filed with the State Dept. of Health priar to burial, cremation, ar remayal, and in any event, within 72 haurs after death.	ME	21d. INJURY OCCURRED 21e. While Mat while	PLACE OF INJURY (	AT MOME, FARM, STREET, FACT OFFICE BUILDING, ETC.	21f LOCATION Street		City or Town	County State
ING by t ffer be c		22a I certify that (I) (the	s hospital) otte	nded the deceose	from any 7	, 19 <u>6</u> F.	10 cry (5, , 19)	6 F , that (I) (we) last
END led led l		saw the deceased a	live an Could (did)?	dud (t) year the h	'⊆₹, ond that in (my)	(aur) apinian	deoth occurred on the da	te and hour and from the
TTO ITO IT ITO IT		22b. SIGNATURE	(i) (age) (uiu) (	Charge or 1110 D			22c 1	DATE-SIGNED
DR G W		100 5	. Iter	ham no	DEGREE PHYS.	MED. DIRECTO	R STAFF	8/15/10
AL AL O		22d. PATESICIAN S NAME (Type)	, , , , , , ,	7	22e. ADDRE	SS	4	,
SPIT 4 mc IERA or, F d be		NAME (Type) Jo	HN S.	MARSHE	80	andr	St. Westine	noten my
HO. FUN rect	230	BURIAL, CREMATION, 23b.		1	EMETERY OR CREMATORY		LOCATION (City or Town)	(County) (State)
5 5 5 E			g. 18, 19	68 Keysvi	lle Cemetery	I		arroll Md.
VR A15		FUNERAL DIRECTOR	hull.x	MilesADDRESS		Sa. REC'D BY REGI		
30M ■V. 1 168	C.	O. Fuss & Soh		Taneytor	m. Md.	DATE AUG 1	9 1968 plus	when Judge



	1	MARYLAND STATE DEPARTMENT OF HEALTH	
1	1	11365 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	A P DI HY HY
T FOR STATE	L_	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	
HEALTH DEPT.		Type or Print)  NAOM   MAPGARFT STUDY OF ESTI- DEATH MATED X 8-  EX 4 RACE   S. DATE OF BIRTH   6 AGE (IN years   14 UNDER 1 YEAR   14 UNDER 24 HRS.   2c DATE PRONOUNCED DEAD	20 HOUR 188 M
2, and 3 PM3 Po	70	F. M. MAY 21, 1892   MAY 1892   MONTHS DAYS HOURS MIN. Month 8-18 Day BIRTHPLACE (State or Spreign   75 CITIZEN OF WHAT COUNTRY?   8. MARRIED   NEVER MARRIED   9. COUNTY OF DEATH	Yeor 68 6 M
orm,	(Our	MARYLAND 11.S.a. WIDOWED DIVORCED CARROLL CO	> · Md
fier death Sny Give Pages 1, 2, and ang with form Ph	10 0		26 KIND OF BUSINESS OR NDUSTRY
s offer 18 Giv p olong		LSUAL RESIDENCE (Where deceosed lived, if institution Residence before 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER dm ssion) STATE MARYLANDS COUNTY CARROLL WESTMINSTER YES DING 176 PENNS	A.AVE.
24 haurs of in Item 18 r's Office of softee of	14, 3	FATHER'S NAME FIRST MIDDLE LOST IS MOTHER'S MALDEN NAME FIRST MIDDLE MID	KUHNS
I within 24 in pencil in Examiner's Examiner's File pages 7.72 havrs		WAS DECEASED EVER IN U.S. ARMED FORCES? (es, no, or unknown) (If yes give wer or dates of service) 166 SOCIAL SECURITY NO 17 INFORMANT ROBERT A. MAYERS LITTLES.	
INER: This certificate shauld be executed within 24 haurs after death shauld be tertificate, writing the ward "pending" in pencil in Item 18 Give Pag shauld be farwarded to the Chief Medical Examiner's Office glong with files 3 shauld be used as a burial-transit permit. File pages I hard with the Standard, or removal and in any event within 72 haurs after death.		18. CAUSE OF DEATH (Enter only one couse per time for (o) (b), and (c))  PART I. DEATH WAS CAUSED BY.  MMEDIATE CAUSE (a) A Sterio Scloudi Head Clusters  MMEDIATE CAUSE (a)	APPROX.MATE INTERVAL BETWEEN ONSET AND DEATH  SUPPLICION (1)
should be executed e word "pending" in i the Chief Medical E urial-transit permit. F in any event within		Conditions, if ony, which gave rise to mined ate course (a).  DUE TO, OR AS A CONSEQUENCE OF Conditions of the course (b).	2.340
shauld be e ne ward "per ta the Chief I burial-transit d in any ever		storing the underlying couse   DUE TO, OR AS A CONSEQUENCE OF   (c)	
tificate sarded to arded to d as a b	ON	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	DO AUTOOPUS
VER: This certific certificate, writin nauld be farward les shauld be used a stan, ar remaval	CERTIFICATION	190. DATE OF OPERATION  196. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY? YES NO
*= = = = = = = = = = = = = = = = = = =	MEDICAL CI	216 EXTERNAL CAUSE WAS PR.MARY OR CONTRIBUTING HOUR A M. P.M. 19	
	₹	21d NJURY OCCURRED  WH LE AT WORK AT W	County State
SICAL E se execu- ctar Pa- ned far ECTOR: i		22a   certify that   took charge of the remains described above, held an Autopsy, Inspection, Inquiry, death resulted fromNatural causes, Accident, Suicide, Hamicide, Undetermined manner	and in my opinian
pleas al direction retail		ACTUAL SIGNATURE CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER 226 DATES	IGNED C-
ro DEPUTY necessary, the funeral 5 may be 70 FUNERAL Health pri	000	EXAMINER'S NAME (Type)  DEPUTY MEDICAL EXAMINER IX  DEPUTY MEDICAL EXAMINER IX  DEPUTY MEDICAL EXAMINER IX  DEPUTY MEDICAL EXAMINER IX	ester Chrofi
57 2 2 5 T	23	BURIAL REMATION 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (CITY or Town) (CITY or Town)  TUNERAL DIRECTOR 250 REC'O BY REGISTRAR 25b REGISTRAR 350	COUNTY) (SIGNATURE)
VR A15ME (5) 10M REV 1/68	1	2. 2. myers Ja . lostmister, md - DATE AUG 21 1968 goin	arles Judge
/K:			



MARYLAND STATE DEPARTMENT OF HEALTH

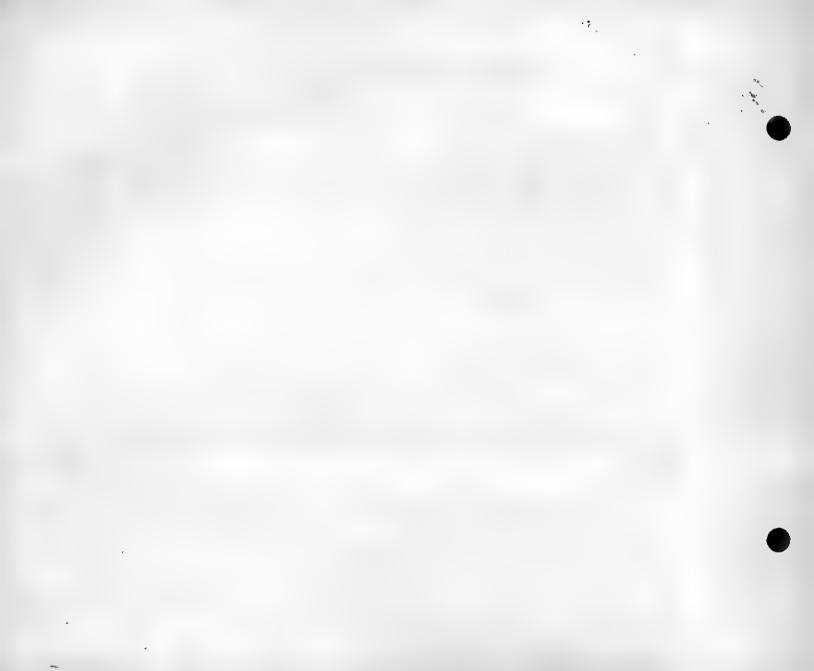


1	1	44000	DIVISION OF VIT			DEPAKTMENT OF RESTON STREET, BA		RYLAND 21201	1 1 0	
		11373,	211131311111111111111111111111111111111			ATE OF DEATI		MILEMIE EIZOI	1137	9
- = -2=		ECEASED-NAME First		M ddle		Last	2a DATE O	44 1 6	V	2b. HOUR
offer death he Properol offer leath	L.	(ype or print) Franklin		Trim	ner		8-12-	-68 Manth Day		3:204
# 6 F	3. 5		4. RACE			S. DATE OF BIRTH		6 AGE (In years last birthday)		HOURS M.N.
2 E 9 E	<u></u>	Male	White			11-5-76		91 YRS.		
rs.	/o	BIRTHPLACE (State or foreign	76 CITIZEN OF WHAT C	DUN1RY?		NEVER MARRIED	9. COUNTY O			
filled 1 filled 1 frin 72	10 (	Maryland	U.S.A.	F HOSPITAL OR INS	WIDOWED		Carro	N (Kind of work done	12b KIND OF B	.bM
within bon p ( ) ( ) ( ) ( )		Sykesville .	gue street	oddress) ngfield	St. H	ospital Lea	most of working ther Mal	g life, even if retired.) cer	INDUSTRY	solucos Ok
tree be executed within 24 fram ond completely filled in one event, within 72 ond in ony event, within 72	13o. adm	USUAL RESIDENCE (Where deceose Ission) NATE Haryland	d fived, if institution I	lesidence before		sville YES	MALT	TREET AND NUMBER		
execut and com remove	14.	FATHER'S NAME First	Middle	Last		. MOTHER'S MAIDEN NAM	E First	Middle		Last
n of din din	L	Abraham		Trimme		Martha			(U	nk.)
	160	. WAS DECEASED EVER IN U.S. ARM (es. no. or unknown)   (If yes give wo	r or dates of service)	SOCIAL SECURITY N		NFORMANT		Address		
E E 8	N	res, no, or unknown) (If yes give we or 16		17-05-3		oringfield !	St. Hosp	ital Recor	ds.	ITE INTERVA.
E E		18. CAUSE OF DEATH (Enter anti- PART I DEATH WAS CAUSED	y ane cause per li <del>ne fo</del> y BY:	(a), (b), and (c) (		Drience	mia		BETWEEN ONS	ET AND GEATH
dea dea mittend			re CAUSE (a)			Pivas	100.00	1.0	Da	/5
t the at the asit pe		Conditions, if any, which gave trise to immediate cause (a),	DUE TO, OR AS A	04/90	lim	'How	? Fa	Cure	Wee	ks
TENDING PHYSICIAN: The law requires that the death certified by the hospital or ottending physician.  R: After this certificate has been signed by the attending physuld be detached for use as the burial-transit permit. Then the State Dept. of Health prior to burial, cremotion, or removal		stating the underlying cause last.	DUE TO, OR AS	Men	'osel	reneje	Scout	disase	Yea	rs
g phy g phy s sign o buri		PART 2 OTHER SIGNIFICANT CON	OITIONS CONTRIBUTING	TO DEATH BUT NO	OT RELATED TO	THE TERMINAL DISEASE (	OR CONDITION GIVE	EN IN PART I(a)		Illus
: The law range of the contending to the peen use as the coll between the coll but	CERTIFICATION	190. DATE OF OPERATION 19b. (	ONDITION FOR WHICH O	PERATION WAS PER	REORMED	200 AUTOPSY?	20b. t	F YES, WERE FINDINGS (	ONSIDERED IN CER	TIFYING
The I offer hos hos is as	JE S					YES NO	CAUSE	S OF DEATH?		
VSICIAN: ospital or certificate hed for us of Health		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CEATH	216 TIME OF INJU		21c. HC	OW INJURY OCCURRED (8	nter nature of inju	ury in Part 1 or Part 2,	Item 18.)	
Poito poito de fero de	MEDICAL	(If either, notify medical exomin	er) P.M	onth Day Year 19						
OR ATTENDING PHYSICIAN: The law requires the be retained by the hospital or attending physician. DIRECTOR: After this certificate has been signed by pa 3 should be detached for use as the burial-troed with the State Dept. of Health prior to burial, are	×	White Not while at work		OME FARM STREET FAC E BUILDING ETC		CATION Street or R.F.D.		y ar Town	Caunty	Stote
by the the property of the pro		220. I certify that (I) (thi saw the deceased al	s hospital) attende	d the deceose	ed from	8-16-66 , 1	), to	8-12-68, 19	, that (	l) (we) last
ned ned the the		causes stated above	(l) (we) (did) (did	not) view the l	body ofter o	death.	opinion death	occurred on the do	ite ana naur a	in itom ine
A A A Short with with		270 SGNATURE		v'con		ATTENDING -	MED		DATE SIGNED	
OR Je 3		Thank 1	r va	V (1)	DEGR	EE PHYS L	MED DIRECTOR	STAFF PHYS	8-12-68	
TO HOSPITAL OR ATTENI Page 4 may be retained TO FUNERAL DIRECTOR: A director, page 3 should should be filed with the		22d. PHYSICIAN'S NAME (Type) GRA	cito	X PAT	re i'ci	O 22e. ADDRESS Sprin	gfield S	t. Hospita	l. Sykes	Md
HOS ge 4 FUN	23a	BURIAL CREMATION, 235 D		23c. NAME OF	CEMETERY OR	CREMATORY	23d. LOCAT	ION (C ty ar Iawn)	(County)	(State)
5 5 5 g 2	L		14-68		Park	Cemetery		rick Ave.	Balto.	Md.
VR A15 4 30M REV. 1788	24.	FUNERAL DIRECTOR  Howard H. Hubba	rd, 4107 W	ADDRESS Vilkens	Ave.,		D BY REGISTRAR	25b REGISTRAR'S	SIGNATURE TO STATE OF THE STATE	ge.
	1									





	1	MARYLAND STATE DEPARTMENT OF HEALTH
L. Barrer	П	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201  I tems 23c & 23d, telephore and the street of the company of the
1	П	Items 23c & 23d, terrificate of DEATH ers F. H. 8/9/68 cac 81
1 4 - 74		ECEASED NAME First Middle Lost 2a. DATE OF DEATH 2b. HOUR
death.	{	Type or print) MARSHALL ELBERT WALTZ Month Day Gear 150 M
27.5	3. 5	X 4 4 RACE S DATE OF BIRTH 6 AGE /ID VEOUS 15 JINDER 1 YEAR 18 JINDER 1 YEAR 1 Y
后 Pa \$15		MALE MIHITE APRIL 3, 1903 last birthday) VRS. MONTHS DAYS HOURS MIN.
	70	
星星	CON	MINING TO NAME OF THE PROPERTY
filled in papers	10	THE THE PARTY OF T
	10	11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120, USUAL OCCUPATION (Kind of work done give street address) 21 CO. GEN. Hodging most of working ite, eyen if refred INDUSTRY
ecuted with campletely to ave carbon y event, with	1	TESTININISTER CARROLLOGO GEN. HOSPT. MACHINIST SHOP
pple cal	adm	USUAL RES DENCE (Where deceosed lived, if institution: Residence before 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER INSIDE OF A LIANT COUNTY A COU
ecul ave		11/18/24VI (HRRUIT WOS/MINS/ER - 0/8/3/17/0.1329).
and camprend	14.	FATHER'S MAME First Middle Last IS MOTHER'S MA DEN NAME First Middle Lost
n all		RENO S. WALTZ MARTHA ELLEN EDMONDSON
equires that the death certificate be executed valued by physician. Signed by the attending physician and camplets bur al-transit permit. Then please remaye carburial, crematian, or remayal, and in any event.	16a	WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT Address SAME
hys al,		10 N KNOWN LITTY GIVE WAY OF CONTROL 214-01-1736A MRS. MARSHALL E-WALTZ, APPRES
d b b		18. CAUSE OF DEATH (Enter only one cause per sine for (a), (b), and (c).)  APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH
at din		PART! DEATH WAS CAUSED BY
ne death attendi permit. ian, or r		I/AI
the e a		Conditions, if any, which gave )  DUE 10, OR AS & CONSEQUENCE OF  Conditions, if any, which gave )
of th . the nsit p		rise ta immediate cause (a), (b)
t in September		stating the underlying couse lost (c) AS A CONSEQUENCE OF
equies that to physician. signed by the bur al-transit burial, cremain		
sig bu		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)
w r ling sen the r ta	8	1, 4,
s broad	18	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
PHYSICIAN: The law re he haspiral or attending this certificate has been letached for use as the s Dept. af Health priar ta	CERTIFICATION	452   NO [
are are		21a ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Nero 18.)
発音語光光	MEDICAL	OR CONTRIBLTING CAUSE OF DEATH HOUR A.M Month Day Year  If either, natify medical examiner) P.M. 19
YSI cer chec pt. c	₩.	21d INDIRY OCCURRED 21a PLACE OF INDIRY FATHOME FARM STREET FACTORY 1 214 FOCATION Street or R.F.D. Ma. City of Town
PH his his eta De		While Not while at work at work
ATTENDING PHYSICIAN: etained by the haspital or CTOR: After this certificate shauld be detached for util the State Dept. af Heal		220. I certify that (1) (this haspital) ottended the deceased from 87, 1968, to 86, 1965, that (1) (we) last
d b d b d b d b d b d b d b d b d b d b		saw the deceased alive on
a a gent		causes stated abave, (I) (we) (did) (did not) view the bady ofter death.
A PER		22b-9GNATURE 22c DATE SIGNED STAFF 22c DATE SIGNED
OR DIRI ed v	1	Muchus - River DILIZOTE PHYS DIRECTOR D PHYS DISCHOOL S/6/68
A A A A A A A A A A A A A A A A A A A	1	62d. PHYSICIAN'S NAME (Type)
O HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital ar attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 shauld be detached for use as the bur al-train shauld be filed with the State Dept. af Health priar ta burial, cress, and the state Dept. af Health priar ta burial, cress, and the state Dept. af Health priar ta burial, cress, and the state Dept. af Health priar ta burial, cress, and the state Dept. af Health priar ta burial, cress, and the state Dept.	1	NAME (Type) Wastminster Carroll Co.
HO: Gull	23a	BURIAL, CREMATION, 236 DATE, 23c NAME OF CEMETERY TORS CREMATERY CO. 23d OCATION (City or Town) (County) (State) Med
5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	1	BUPPAL 8/9/68 BYFRGRETIN MAMIGIRDONS FINIKO BURGE MID
VR A15 (A)	24.	FUMERA. DIRECTOR 250. REC'D BY REGISTRAR 250 REGISTRAR 5 SIGNATURE
30M REV 1/88		J. S. Smyers of westrumsler, MA - DATE AUG 8 1968 Schooles Jugar.
9		Date HOU O   DOO



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 3 8 2 CERTIFICATE OF DEATH death. death uneral 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) 1. PLACE OF DEATH a. COUNTY o. STATE . W. COUNTY Maryland Baltimere ofter Carrell MARYLAND c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 16 b. CITY OR TOWN (If autside carparate limits, Sykesville Md. Baltimere, Md. 2vrs 6me 19da hours d. STREET ADDRESS e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) 2504 Mosher St. Springfield State Hespital NO PE within Day 3. NAME OF Middle 4. DATE Month Year DECEASED 68 August 19 Norman Lawrence Wantz DEATH execuled 8. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 9. AGE (In years 6. COLOR OR RACE S. SEX 7. MARRIED NEVER MARRIED lost birthdoy) Months White Hours Male WIDOWED DIVORCED and in any 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of work done 1Db. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or fareign country) COLUMERY? during most of working life, even if retired) INDUSTRY physician Maryland requires that the death certificate 14. MOTHER'S MAIDEN NAME Anna Mae Mensel 13. FATHER'S NAME crematian, ar remaval, attending physical Then p Edwin Franklin Wantz 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give war or dates of service) Springfield Hesp. Records, Sykesville, Md. 217-50-1020 INTERVAL BETWEEN IB. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) ONSET AND DEATH PART I DEATH WAS CAUSED BY burial-transit IMMEDIATE CAUSE (a) þ DUE TO signed ! burial Conditions, if any, which gove rise to immediate couse (a). DUE TO as the priar tal stoting the underlying cause by the haspital ar attending has been PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)

B.S. assoc. with brain trauma gross, force without Qualifing phrase.

B.S. assoc. with conv. disorder without qualif. Idiopathic severe. WAS AUTOPSY PERFORMED? far use Health r NO this certificate 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Part II of item 1B.) 2Dg. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER (City or town) (County) (Stote) 2De. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Manth, Doy, Year 2Dd. INJURY OCCURRED factory, street, affice bldg., etc.) Hour a.m. Nat While at wark at work FUNERAL DIRECTOR: After 21. I certify that (4) (this haspital) attended the deceased fram 2-8-66 . ta 8-27 19 68 that (IX(we) last Page 4 may be retained 19 68 and that death accurred at6 am M, from causes and an the date stated above. 8-27 saw the deceased alive an. 22a. SIGNATURE **ATTENDING** DIRECTOR M.D. PHYS. director, page 3 shauld be filed 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Springfield Hosp. Sykesville, Md 23d. LOCATION (City or Town) (Stote) 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF 230. BURIAL, CREMATION, REMOVAL (Specify)
Burial Glen Haven Cemetery Glen Burnie Maryland REGISTRAR 286. REGISTRAR'S SIGNATURE 25o. REC'D BY REGISTRAR ADDRESS 24. FUNERAL DIRECTOR Witzke, 4101 Edmondson Ave., 21229 1968 Charle

SESSEE AND THE REAL PROPERTY OF THE PROPERTY OF THE PARTY I selection with the second WI GOTH WEST A ser in the and the state of t They a country of the Wighton charter Holing Strong Winemany and consciences TO PACIFO V. PARIO TO MANDE TO THE STANDARD OF THE PARIOTE AND The first to be a first to the state of the what in each to the first of th MAKILAND STATE DEPAKTMENT OF REALTH

		ę.	
43	1001-1-1	natrii .	2'enn2g
Correct	1001-1-11	e i e i	backyak
81.59	tied   Instinct, street	Mornal	19,3-1010.2001
	40 4 1 10 20 30	Company	ten. Cytri
	time INT	please	
Anden Sessiminated	Action 1971th 197		